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The Ninth Annual Meeting of the Graduate Nurses' Association of Ontario

Y.M.C.A. Hall, Hamilton, Ont., May 24, 1912

Ten o'clock a.m.

The President, Miss Crosby, in the chair.

The meeting opened with the Nurses' Prayer.

The roll call was dispensed with, as the names had already been registered.

Moved by Mrs. Tilley, seconded by Miss Ewing, that the minutes be taken as read.

Addresses of welcome from Miss Simpson, President of the Alumnæ Association of Hamilton City Hospital, and Miss Smith, Chairman of the Hamilton Chapter.

Madam President and Ladies:—

On behalf of the Hamilton Nurses' Alumnae Association, I wish to welcome you to our city. For sometime we have been looking forward to the pleasure of having you with us and we sincerely hope you will enjoy your visit here and that you will return to your varied positions with renewed enthusiasm for this great work in which we are all engaged.

You will be hearing so many excellent addresses that it is not necessary for me to speak to you at greater length. I would merely repeat that I wish you all a very hearty welcome.

Madam President, Ladies:—

It gives me great pleasure to extend to you a hearty welcome on this occasion of your Ninth Annual Meeting. I welcome you in the name of the Hamilton Chapter of the Graduate Nurses' Association of Ontario, a Chapter which is merely in its infancy, being exactly three months old to-day, and is, I believe, your first branch.

We are glad, indeed, of the privilege of being able to form a Chapter. We expect great things from our organization. First, perhaps, a unity between home graduates and resident graduates from other hospitals which could never be accomplished without something of the kind. Those of you who have nursed away from your "Alma Mater" town know the feeling of strangeness at first, a feeling that is apt to remain altogether too long a time, there is always "our method" and "what method do you adopt?" This will be greatly overcome by the forming of the G. N. A. O. Chapters; they will make the nursing body of Ontario "ONE" all over the Province. I welcome you as one of these outside

hospital graduates, who has felt this growing unity and appreciated it. By this organization, Ontario nurses will become broader in their outlook and stronger in the fulfillment of that outlook. We will come in contact with the best ideas the Province affords and be better able to cope with the growing needs of our country, a country that is so immense in its acreage, and so rapid in its development, a country that will need and is needing an efficient body of nurses to keep abreast of the times.

In looking over the programme one cannot help being impressed with the broadness and comprehensiveness of the work covered by the subjects tabulated and by their importance to this Canada of ours. It makes one feel that we are merely on the edge of things and that for us there is a great future ahead and that there is no problem too large but what we women as nurses can help to solve.

We in Hamilton expect to enjoy this Annual Meeting and to derive great benefit from it. We welcome you to our city most heartily and in sincerity, and we hope to have many opportunities of doing so again in the future.

President—The Graduate Nurses' Association of Ontario is very proud that the first Chapter has been formed, and that it has been formed in Hamilton. We have no more enthusiastic members of our Association than the Nurses of Hamilton. It was a very great gratification to us when the first Chapter was formed here.

We appreciate these hearty words of welcome, and on behalf of the Graduate Nurses' Association I express our deep gratitude to these ladies. We didn't need to wait until this morning for this welcome, they looked after us from the moment we came to the city. We certainly appreciate it all.

Secretary's report was read.

RECORDING SECRETARY'S REPORT.

It is with great pleasure that this Ninth Annual Meeting of the Graduate Nurses' Association of Ontario convenes in Hamilton. Your beautiful city, situated as it is in "The Garden of Canada," possess many attractions particularly at this season of the year. But our chief delight at this time is our privilege of being the guests of the nurses of Hamilton, who have shown such a splendid professional spirit in all their work. The first Chapter of the Graduate Nurses' Association of Ontario has been organized here. And we wish to heartily congratulate the nurses of Hamilton for this, and wish them every success, and we hope this next year may see many other Chapters organized.

The Association is to be congratulated on the fact that the Registration, for which it has long hoped and worked for, is now an established fact. This section appears in the new "Hospital Act."

"Training schools for nurses may be conducted at hospitals receiving aid under this Act, and when such regulations in relation thereto, as may be prescribed by the Lieutenant-Governor-in-Council, have been observed; Graduate Nurses of such training schools may be entitled to registration in a register kept for that purpose, under the direction of the Provincial Secretary; and a person so registered may be designated a 'Registered Nurse.'"

A Committee was appointed to confer with the Provincial Secretary in regard to such regulations.

Ten meetings of your Executive were held during the year; all of which were fairly well attended.

A special meeting was called on the evening of November 22nd to hear Miss Mackenzie's explanation of the work of the Dominion Registration Committee.

Mr. Ludwig, the lawyer in charge of our Bill for Registration in Ontario, was also present.

At the last Annual Meeting, held at Niagara Falls, Ont., it was decided to

present this Bill at the next Session. But when a new Government was appointed, we were advised not to present it at the first Session.

We were asked to appoint two members for the Dominion Registration Committee, and Mrs. Pafford and Miss Bella Crosby were appointed.

Resignations were received from Miss Mary Gray, Treasurer, and Miss Elizabeth Ross Greene, Recording Secretary.

Both were asked to reconsider their resignations, but declined. The Association expressed appreciation of their faithful services during their term of office.

Miss L. L. Rogers was asked to act as Treasurer, and Miss I. F. Pringle as Recording Secretary.

On request of Miss Brent for assistance on behalf of Mrs. McEvoy, an aged Florence Nightingale nurse, the Executive decided that thirty dollars annually be paid in December by the Association during Mrs. McEvoy's lifetime; which amount maintains her for a month. Miss Charlotte A. Aikens has charge of this fund.

Assitance was asked for Settlement Work in Ward; and for the work of the Christian Temperance Union, in furnishing Working Girls' Club.

The Executive now holds its meetings in "Toronto Graduate Nurses' Club House," 295 Sherbourne St., Toronto., which has kindly been given to The Graduate Nurses of Toronto by Mr. John Ross Robertson. We feel it is a great honor to have such a beautiful Club House for our headquarters, and hope all Graduate Nurses will become shareholders and enjoy all the comforts of this Club.

The Association subscribed for The Canadian Magazine though National Council of Women—copies to be sent to Toronto Graduate Nurses' Club.

Mrs. Clutterbuck was sent as our delegate to the annual meetings of the Canadian National Association of Trained Nurses held in Toronto, April 4th, 1912.

During the year our President, Miss Crosby, visited the Associations at Kingston, Montreal, Ottawa, Peterboro and Hamilton, in the interests of registration. I am sure it must be a great satisfaction to her and the other nurses who have been so faithfully and energetically working for Registration in Ontario, that a beginning has been made.

"Sairy Gamp" calendars were issued to augment funds for registration work, and nurses asked to assist in sale of same.

The question of financing the Chapters was brought up at the Executive meeting in May, following our President's visit to the Hamilton Chapter at its April meeting. It was decided to refund 50 per cent. of the fees received during April and May.

We have now a paid-up membership of 278. New members received during the year, 48. Ballot papers posted, 228. Ballot papers returned, 85.

Respectfully submitted,

INA F. PRINGLE.

Moved by Miss Pringle, seconded by Mrs. Clutterbuck, that the Secretary's report be adopted. Carried.

Financial Statement for Year Ending May 24th, 1912.

RECEIPTS.

May 24th, 1911—Balance in bank		$298.26
Fees for year	$212.00	
Calendar and post card receipts	300.92	
Donations B. M. Henderson for Registration Fund	5.00	
Bank interest	10.00	528.12
		$826.38

DISBURSEMENTS.

Grip Publishing Co. (calendar plate, etc.)	$200.00	
Canadian Nurse (advertising)	25.00	
Commercial Press (printing)	19.75	
Stamps for President, Secretary and Treasurer	24.10	
Bank exchange	.50	
Auditors	6.00	
Canadian National Association dues	24.10	
Canadian National Association (delegates' fee)	2.00	
Local Council dues	2.00	
Local Council for new settlement	5.00	
Rent for club rooms	15.00	
Canadian Magazine subscription	2.50	
McEvoy Fund	30.00	
Miss Crosby, travelling expenes—		
Boston, $27.00, less $8.00 London	19.00	
Montreal	6.50	
New York	12.00	
E. N. Jackson, reporting Convention (May, 1911)	6.50	
Rebate to Hamilton Chapter	12.00	
Provincial Secretary fee	1.00	
	$402.95	
Balance in bank	$422.43	
Balance on hand	1.00	
		$423.43
		$826.38

LINA L. ROGERS, R. N.,
Treasurer.

I have examined the Cash Book, Bank Book, and Vouchers for year ending May 24th, 1912, and certify that this statement is in agreement therewith.

T. W. ELLIS,
Auditor.

President—There is something about which I would like the expression of the Annual Meeting before the adoption of that report, and that is the financing of the Chapter. There is provision made in our Constitution and By-Laws for the Secretary and Treasurer of the Chapter, but when it came to the financing of the Chapter we were face to face with a difficulty. We didn't want the members to pay a second fee to the Chapter, and the question was brought up at our Executive Meeting. The decision was arrived at that 50 per cent. of the fees be returned to the Treasurer of the Chapter. As that was not provided in our By-Laws, we could merely take that action for the time being. I want to have an expression of opinion as to whether you think that is correct or not.

Mrs. Pafford—Article 10, in the last clause, says members are to pay an annual fee of 10 cents a member.

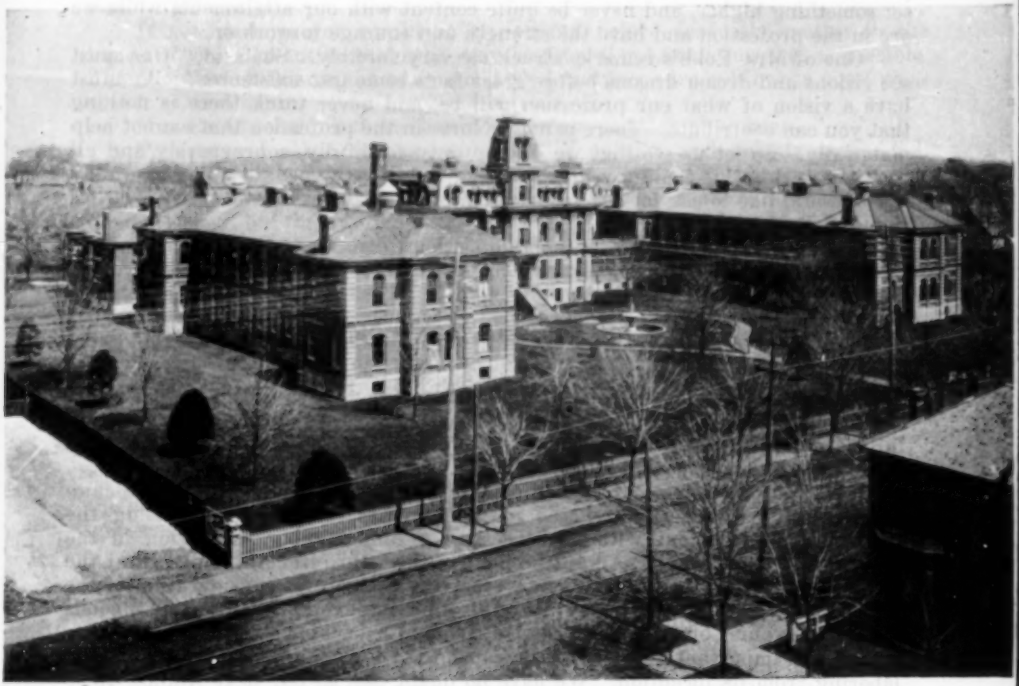
President—"Affiliated societies" mean societies outside of Ontario.

Mrs. Pafford—What was the idea of returning the 50 per cent.?

President—We don't want to make members pay a dollar to the Chapter and to the parent society. According to our By-Laws the fee must come into the general treasury. We thought the best way of overcoming the difficulty was to return a percentage of the fee for the work of the Chapter.

Mrs. Clutterbuck—Could we hear how the Chapter feels?

Miss Smith—That matter was brought up at our last meeting. Of course, it would be very nice if we don't have to pay an extra fee—that would discourage



Hamilton City Hospital and Nurses' Home. (Courtesy of Superintendent.)

the work. We have no idea, however, how much it would take to run the Chapter. (Motion carried.)

President—There is one or two thoughts that I would like to give you before we go on with the reports of the Committees. In looking over our work for the past year, and the work of our Association up to the present time (we are all pretty well acquainted with what has been done), I don't think that any member can really be satisfied with what has been accomplished in our Association. We have not anything like all the Nurses in Ontario members of our Association, and, in order to be a strong body that really has any weight, or can really take hold of any work and do it with any sort of strength or effectiveness, we must have a better membership. According to the Secretary's report we number 278, and that is not even half the Nurses of the Province. In fact, I think we have 500 Nurses in Toronto alone, and you have some 50 or more here.

So I think that every member should during the coming year see what she can do to strengthen our Association and increase our membership so as to make our body an effective force for the betterment of the profession all along the line. Then the formation of the first Chapter should be an impetus to the Nurses of the different centres to form Chapters in these centres. We have Nurses from Peterborough, Kingston, St. Catharines, and a number of the other cities in our Province. You have heard about the formation of the Hamilton Chapter. Will you not try to form Chapters in your own city and let the Graduate Nurses' Association be strengthened in that way? The result of all this better organization will be the development of a better professional spirit, and I think we need that. We are the members of a profession and must have high ideals for that profession. Let us ever work towards them, and as we attain to one ideal let us set something higher, and never be quite content with our attainments while we are in the profession and have the strength and courage to work on.

One of Mrs. Robb's remarks struck me very forcibly. She said, "One must see visions and dream dreams before great facts come into existence." We must have a vision of what our profession will be, and never think there is nothing that you can contribute. There is not a Nurse in the profession that cannot help materially. So let us see that we do our duty faithfully, courageously and all the time during this coming year.

I would like to ask for the report of the Committee on Revision of Constitution and By-Laws. (No report.)

Any report from the Press and Publication Committee. (No report.)

The report from the Legislation Committee.

REPORT OF LEGISLATION COMMITTEE.

Madam President and Ladies:—

As convener of the Legislation Committee, I beg leave to report that while our Committee is not yet in a position to bring in a report of any legislation fully accomplished at this date, your Committee has not by any means been idle during the past year.

Sufficient has appeared in the press to indicate to you that the active campaign of this Association for the past few years is at last impressing the Provincial Government with the necessity of undertaking legislation in the direction of registration. An amendment to the "Hospital Act," passed at the last session of the Legislature, is now receiving the careful consideration of the Government, and but for the pressure of other important work on the officials in charge, your Committee had hoped to have been able to announce to this meeting an important advance in the cause for which this Association has been laboring from its inception. We have no doubt that at our next Annual Meeting we will be in a position to congratulate ourselves upon the accomplishment of some measure of protection to the profession in the Province of Ontario.

Respectfully submitted,

AGNES M. PAFFARD,

Convener.

Moved by Mrs. Pafford, seconded by Miss DeVellin, that this report be adopted.

President—This report opens up the question of Registration which was discussed with such vim last night, and now I think we should take this opportunity to get an expression of the Graduates Nurses of Ontario on this subject. We know that the clause which has been embodied in the Hospital Act is not all that we hoped for by any means, and it seems very inadequate to cover the ground that we want to cover, but the fact remains that that is embodied in an Act which has been passed by the Legislature, and it seems to me to be the duty of the Graduate Nurses now to see that that is turned to good account in their behalf.

We don't want those regulations to be made by anyone but Nurses. (Applause.) No matter what branch of nursing we may belong to, we are all Nurses—whether we are Superintendents, School Nurses, or District Nurses, we are all one in the profession, and we want to stand together for the very best we can get in the way of registration. I don't think that anyone could have read that clause without being surprised to think we had this thrust upon us whether we wanted it or not, but the fact remains that it is there, and the lawyer who has guided us through the affairs of legislation so far advises us to take this and seek to have it amended at the next Session of the Legislature, but, in the meantime, this clause must stand; we can not ignore it, because we would be doing a detriment to our profession. We should make the very best of this weapon that has been put in our hands. Does anyone wish to make any remarks on this subject of registration? (Silence.)

If not, perhaps you would do as you did before, leave the matter in the hands of your Executive to do the very best for the Association that is possible. The adoption of this report has been moved and seconded. What is your pleasure? (Carried.)

Miss Brent—I think there should be more expression of opinion.

President—I asked for an expression of opinion and nobody responded. Perhaps you will lead, Miss Brent.

Miss Brent—I have some suggestions I was asked to make to the Superintendents' Society, but they were not ready last night.

President—Perhaps you would read them to us. (Applause.)

Miss Brent—While I feel quite as strongly as anybody can on the indignity that has been offered to us, I feel that we must look at it in as mild a way as possible and not attribute motives to people when we cannot say they are there. We only have an idea that Mr. Hanna is not fair, or Dr. Smith is not fair. If they refuse to entertain our recommendations then we can get up and say we absolutely refuse that Bill. I think that is the only thing we can do. (Applause.) It is a law. We may be able to make good regulations. We have a gentleman's assurance that he has no unfair motive in this. I told Dr. Smith, "It looks fair on the face of it." He said, "What do you mean?" I replied, "I was told to be on the watch." He simply laughed and said, "I have absolutely nothing but the good of the Nurses in my mind." I suppose we could only take any gentleman's assurance of that and act accordingly. If they refuse our recommendations we can get up as a body and say, "We will never register." Does that seem fair? (Yes; applause.)

There has been a great deal of discussion on the other side as well as here about the standards, and there is a great deal of difficulty. New York doesn't seem able to do anything. They all seem turned upside down, and, further, you all know if you read some of the magazines that a graduate of a New York Hospital, who has been in a position in Illinois, has been turned out because her school does not come to the standing of Illinois, notwithstanding the fact that she has worked as a Superintendent in Illinois. That seems to be absolutely unjust on the face of it. They may possibly turn me out of Toronto. I graduated from a school after two years' training, so that I don't come up to the requirements, it might be said.

This Committee was formed from the American Superintendents' Society, with such men as Dr. Hurd on it, who has always stood for the best, and Miss , so that they realize that their difficulties are as big as ours.

PRELIMINARY EDUCATION.—Minimum, 1 year in High School, or its equivalent. The Superintendent of Training School to decide this.

PROFESSIONAL TRAINING.—Three years in General Hospital, with at least 25 beds, where all branches are taught (medical, surgical, obstetrical and children), or affiliation for these subjects.

EXAMINATIONS.—To be conducted simultaneously in all Training Schools of Province—Uniform Examination Papers to be prepared by Board and sent to schools same as Departmental Examinations are conducted, viz.:—Papers prepared by Board, sent to each school which provides proper supervision of pupils who are writing, answers all sent to Board for final decision:—Examinations in practical work and oral examinations to be conducted by staff of school and results reported to Board. Examinations to be held at least once a year.

BOARD.—Composed of five or seven nurses who have not less than five years' experience in the profession after graduation.

SERVICE ON BOARD.—So arranged that all do not change at once (some for five years, some for three years, and some for two years.)

NURSES.—Already having R. N. or equivalent standing, allowed to register. (Board to decide this.)

APPOINTMENT OF TRAINING SCHOOL INSPECTOR.—This should be a qualified nurse who knows what the requirements of a Training School should be.

PROVISION for revoking certificate if any cause arise.

PROTECTION OF R. N.—Punishment for false representations to Board or public.

WAIVER.—To allow all graduates of recognized hospitals, who received their training prior to the coming of this Act into force in 1912, if acceptable to the Board, to register.

When we interviewed Dr. Smith we brought out that people should be punished for unlawfully using the "R. N." (Applause.)

Mrs. Fournier—In view of this fact that Miss Brent has brought out, that the American Hospital Committee has formed this Committee for searching ways and means, I might tell you that they are not satisfied with registration on the other side, and they are making strenuous efforts to-day to change their form of registration. This very same Committee has asked for a paper from me, because I suggested certain lines of registration different from what they are taking up. I had some suggestions along those lines ready to suggest to the Superintendents last night. If I might make some such suggestion here, it might make some difference. I don't like to give it to them first; I would like Canada to take the initiative. (Applause.)

President—It is very kind of Mrs. Fournier to offer us this paper. What is the wish of the Association Shall we have it? (Applause.)

Mrs. Fournier—This paper was prepared to read at the discussion last night. You will forgive me if it is not worded altogether to suit the present occasion.

Madam President, Members and all those interested in the Registration of Nurses:—

The suggestions I am about to offer, are quite different from those usually given by the promoters of Registration for Nurses. The all-important question is, "Why do we want registration?" Is it for selfish motives or is it that the sick and suffering public may be better cared for? Surely the latter. If we register only our best and most efficient nurses, will the sick and needy receive the more efficient care we hoped for? No, for there would not be enough Registered Nurses to take care of one-tenth of our sick. How are the nine-tenths to be benefited unless we increase the efficiency of all nurses. Can registration do this? Yes, I think it can, if it be made extensive enough to cope with the army of women who nurse.

The Educational Department control all teachers by a system of grading. Why not follow their example and grant permits, licenses or certificates, according to the nurse's knowledge and fitness? This is not copying the form of registration in operation on the the other side, but why not lead this time?

Let them follow us, and they will, if we accomplish more with our registration than they can with theirs. Canadian nurses are recognized leaders of nurses over there, and why not prove our leadership and ability to lead in this all-important matter of registration.

Canada licenses those who practice Law, Medicine, those who teach, fish, hunt, peddle or team, and even those who keep a dog. Why not those who nurse for hire? Surely it is more important to see that the person who cares for the sick, is in some manner, prepared to do so, than it is to inspect a man's wagon to see that it is capable of carrying a box before a license to team is granted, and a man who charged to carry that box without the license would be fined.

We need not yield our standards; instead, we can raise our standard higher than even New York has dared to set. A first-class teacher's standard is not lowered because a third-class teacher's certificate is issued by the Department.

Let us have three classes of registered nurses—First, Second and Third. Each class representing a certain set standard of education and professional experience. First Class, a nurse with a college or university education, plus the most efficient training it is possible to arrange in our training schools to-day.

Second Class. A nurse with a High School education, plus the training that most of our General Hospitals are giving to-day.

Third Class. A nurse with, at least, a general Public School education who may have trained in one branch of nursing or in a training school with only sufficient ability to prepare the nurse for private work.

Let us arrange that Third or Second Class registered nurses may become First Class if they so desire, by providing post-graduate courses and securing from our Education Department, the necessary extension courses. Even our correspondence schools for nurses might become valuable to us, as a profession, if they prepared the educational courses necessary for our nurses who desire to forge ahead. A nurse could take her course in mathematics, etc., while doing private work, or, rather, between cases and during vacation, and even we Superintendents of Nurses, would not object to a nurse-in-training, making up some educational shortages, through their agency, providing they did not attempt to teach *nursing*.

Each class could take the regular examinations now provided by the Department of Education, Entrance Examination, Junior Leaving, or Matriculation, and so on. About the only additional examiner needed, would be one in Hospital Training, providing the training schools were under proper inspection by the Department.

It is not my intertion to give details of a system, but simply to suggest the advisability of the grading of nurses and the control of all those who nurse for hire.

As leaders of the nursing profession, we should not remain indifferent to the care nine-tenths of our sick are receiving. And here, I think, our regularly organized local Health Board can and will come to our assistance.

I am sure they can arrange to examine credentials and applications of the women who would do what they can in the sick room. These women, as a rule, do not wish to pose as Graudate Nurses, but they want to earn a livelihood and prefer this work, and surely there are plenty of calls for their help.

A fisherman must know the fishing laws or he gets into trouble. Why not insist on these women knowing something of health laws before they are granted a permit to nurse. A text book might be written for these women and our local Health Boards could question them and grant, first, a one-year permit. (Our Health Boards could furnish blank forms to the doctors and patients whom this woman cares for during the year and insist on their return to the

office at the end of the year. The so-called nurse then has some sort of record and a five years' permit might then be issued and at the end of five years, a life permit might be granted, providing the applicant met the necessary requirements to obtain it.

These women who are willing to serve in this manner could be taught. We instruct our mothers in the care of babies and so forth. We hold classes in first aid to the injured. Even our Boy Scouts are taught many, many useful things that the women who are being paid to nurses, know nothing about because they have never been taught.

As leaders in this profession, we have not done our duty until some effort to improve present conditions has been made. There are so many problems solved by this system of registration, that I would like to speak of, but I must not take the time. However, I will suggest one. Every Superintendent knows how hard it is to-day to get the right kind and the right number of applicants for our Training Schools. One of the chief reasons for this is that our pupils must be women of experience, and while the girl who has left school, is gaining experience, she has entered another business avenue, and, so often, never carries out the once-cherished idea of becoming a nurse when old enough. These young women could secure nursing permits and assist in many, many ways. The graduate nurse on private duty, would often be glad of some assistance this willing girl could give. Our sanatoria could employ these young women, many times, to do the detail work, and even our hospitals might so arrange their work that many of these young women could assist, and while scouring pans, carbolizing, serving trays, etc., they could learn hygiene, anatomy, disinfection, and many other things. In this way we would be preparing much of our own training school material and our supply would be greatly increased, because we made a place for the girl, just out of school, who was ready to do something in life and wanted some day to be a nurse.

Then, too, how often a woman over thirty-five with extensive experience and splendid ability, would come to our assistance did we make a place for her instead of making her feel "de trop" and so uncomfortable among us that she does not want to be near us, so she takes up nursing on her own responsibility. The doctors and patients soon recognize her ability and employ her, and pay her, too, and why not? Let us remember the old adage, "United, we stand; divided, we fall."

If we include all branches of our profession in this Registration Act, we will stand the leaders of the nursing world. Shall we do it?

Miss Crosby—We are very grateful to Mrs. Fournier. I ask you to carry these things in your mind for a little while.

RADIUM AND ITS PRACTICAL USE IN MEDICINE.

By W. H. B. Aikins, M.D., C.M., L.R.C.P. Lond., and F. C. Harrison, B.A., M.B., Toronto.

The element Radium was isolated by Prof. and Mme. Curie, of Paris, in 1900, while conducting a series of experiments on the raddio activity of the salts of Uranium. In the course of their investigations they discovered a substance which was far more radio-active than any known substance, and hence they called it "Radium." To understand the nature and action of this material it is necessary to first obtain a knowledge of what we mean when we speak of radioactivity. A substance is said to be radio-active when it makes the atmosphere surrounding it a conductor of electricity. Many substances have been found to do this; the salts of Uranium as was mentioned above, other rare materials, such as Thorium, Actinium, Polonium, the waters from many deep wells, crude petroleum, newly-fallen snow, etc., all possess in a greater or less degree the property of radioactivity. It has been found that this property is

caused by the giving off of rays of various kinds from the substance. These rays vary considerably one from the other. In the case of Radium there are three principal kinds of rays, and they are designated by the Greek letters, Alpha, Beta and Gamma Rays. The Alpha Rays constitute by far the largest portion of the total radiation. They are minute particles of matter, charged with positive electricity and they travel with a speed measuring about a tenth or twentieth part of the velocity of light. They are easily stopped by such a substance as a thin sheet of rubber or metal being held in front of them.

The Beta Rays are regarded as "electrons" and are negatively charged with electricity. They travel about as fast as light and are not so easily stopped as the Alpha Rays. Beta Rays are of different kinds, depending on their power of penetration, hence we get what are called soft Beta Rays, medium and hard Beta Rays.

The Gamma Rays are comparatively few in number compared with the Alpha and Beta Rays, but they have extraordinary powers of penetration. They are considered to be a pulsation of the ether. They can be isolated from the other rays by interposing a screen of lead one centimetre in thickness. This will cut off all but Gamma Rays.

In addition to these rays Radium gives off a substance called "Emanation." This has been shown to be a gas. It is liberated when Radium Salts are dissolved in water or heated. The Emanation is intensely radio-active, but this radioactivity is soon lost, being half gone in about four days. The Radium can keep on producing Emanation apparently unceasingly. A body exposed to the Emanation, itself becomes radio-active. Therapeutically as will be shown later the Emanation has been shown to be of decided value in the treatment of many disorders.

In addition to its rays and Emanation, Radium is contantly giving off a certain amount of heat and light, and the most wonderful thing about this substance is that, although it is pouring out all this energy, it does so apparently without giving any evidence of the loss, so that as far as one can tell it might continue to give off this energy *ad infinitum*.

Radium had been discovered some years before it was ever regarded as a therapeutic agent, and it happened really by chance that its therapeutic properties were disclosed. M. Henri Becquerel, of Paris, went to London to lecture before the Royal Society on this wonderful physical and chemical substance. On his journey there and back he carried a small tube containing Radium in his waistcoat pocket. About ten days after the journey he noticed an area of erythema on the skin of the abdomen. The inflammation became more intense the succeeding days and finally a crust was formed which in the course of a week or so detached itself and fell off leaving a smooth scar beneath. The cause of this condition was at first a mystery until it was recalled that the radium disk had been carried over the area of the abdomen on which this reaction had occurred. It was from this that was developed the study of the action of radium on living tissues, both normal and pathological. A supply of radium was entrusted to M. Danlos, of the St. Louis Hospital, Paris, and the action of the precious substance on various lesions was carefully studied. Following this the Radium Institute was established in Paris, with Dr. Louis Wickham at its head, and henceforth the therapeutic action of Radium was established on a scientific basis.

Since the establishment of the Paris Radium Institute, others have been founded in different places, the most recent being that in London, England, which was opened in the fall of 1911.

As a new agent Radium has been used experimentally in many different conditions, in many it must be admitted without fulfilling all the hopes that were first raised, but gradually we have come to understand what we may expect from it, and it has attained a very definite and important place among therapeutic agents.

Naturally the action of Radium was first studied on the skin and its various diseases, as here every step in the effect produced could be so carefully followed. The very great alterative effects of Radium Rays were shown to be of great service in many of the chronic skin conditions, such as Eczema and Psoriasis. The thickened skin associated with these conditions was made to disappear, and the irritation greatly relieved, and this after all other known methods had been used without benefit. One of the most useful effects of Radium is its use for the relief of the itching which accompanies chronic lesions, and also for Pruritus, which is often found present without apparent cause. Short exposures in many cases relieve the symptoms very quickly.

Radium Rays are parasiticide and hence we find benefit from their use in such stubborn conditions as ring-worm of the scalp and beard, sycosis, etc.

In skin lesions of greater severity we find marked benefit from its use in lupus erythematosus and lupus vulgaris, the nodules of the latter disease being made to cicatrize and healing produced.

That large group of disfiguring skin lesions caused by permanent dilatation of the blood vessels, usually congenital, and known as naevi or angiomata, are very frequently most amenable to the action of Radium Rays, and the cosmetic results produced are very gratifying to the patient and physician alike. The angiomatous tumors where the vessels are often so dilated that distinct pulsation is produced, give the best results. The flat naevi or port wine stains are much slower to give results, as it is necessary to proceed very cautiously in treating them. The way in which Radium Rays act in these conditions is by causing proliferation of the endothelial cells and gradually producing occlusion of the vessels.

The greatest interest has naturally been aroused by the use of Radium in the treatment of malignant diseases. At first many extravagant claims were made which have since had to be modified, nevertheless, enough work has been done and enough results obtained to pove that Radium has a great value in the treatment of these conditions.

In the treatment of malignant disease of the skin Radium may be said to be almost a specific. The most common form of cancer of the skin—the rodent ulcer so-called, is most amenable to treatment and readily heals, leaving a smooth cosmetic cicatrix. The fungating epitheliomata also respond in the same manner, as can be seen from the accompanying photographs. It may be asked, "What of recurrence in these conditions?" To that one can only reply that there are plenty of cases treated when Radium first was used, which have stayed perfectly healed since.

If recurrence should take place the condition would be quite amenable to further radium application. Likewise, in sarcoma of the skin, favorable results are secured by the formation of fibrous tissue to replace the sarcoma tissue, producing a firm fibrous nodule in place of the malignant growth.

Cancer of the lip is amenable to radium treatment when it has not extended so far as to involve the mucous membrane inside the mouth, or when no metastases have occurred in the glands draining the area. If such should be the case surgical intervention is called for, radium being used afterwards as a prophylactic against recurrence. This brings us to a most important side of the subject of radiumtherapy, that is, its use in association with surgery. In such conditions as cancer of the breast, for instance, surgical procedures should be carried out to the fullest extent, provided the general condition of the patient is such as to withstand the necessary shock. Before operation an exposure of the field to the radium rays lessens the malignancy, and by repeating this exposure as soon as possible after the operation—even before the stitches have been removed—the chances of recurrence are greatly diminished. We can think of several cases of this type where we firmly believe recurrence has been avoided by this prophylactic treatment.

In gynæcological work radium has a large field of usefulness. Foremost

stands its application in inoperable cancer of the uterus. Here it is of the greatest value in certain cases in allaying pain, lessening discharge and stopping hæmorrhage. Certain observers have recorded cases at first regarded as inoperable where so great improvement occurred after the us of radium that the conditions were rendered operable. Certainly operation should be done in every instance where feasible, but as a measure to give the very best chance in inoperable cases, radium is worthy of the most serious consideration in every case. Several cases where operation was received by leading surgeons and very unfavorable prognoses given, have received radium treatments, and are to-day not only living but enjoying very fair and comfortable lives.

French observers have reported uterine fibroids treated in this way with considerable success, and likewise in the treatment of chronic inflammatory disorders of the uterus and its appendages most favorable results have been obtained from its use.

It was mentioned above that in sarcoma of the skin radium has a powerful action for good. The same aplies to sarcomata of other parts, but here again surgical removal is always to be advised when feasible, the radium being used as in the case of carcinomata, as a prevention against recurrence.

Mention has been made of the Radium Emanation, which is a gas continually being given off by radio-active substances. This emanation is present in certain mineral waters and can also be prepared artificially.

It is absorbed into the body, either through the lungs or alimentary tract, and has been shown to produce certain effects which render it of therapeutic value. These are chiefly manifested in the relief of pains and inflammation in gouty and rheumatic conditions, which is brought about by the solvent action of radium emanation on uric acid deposits, and also a lowering in the blood pressure. This latter factor makes it of considerable value in the treatment of arterio-sclerosis. The result is that we find chiefly in Germany that considerable use is being made of the emanation employed in the form of baths, waters to drink, or inhalation of the gas itself. As local applications in chronic rheumatism, neuralgias, etc., radio-active earths are employed in the form of poultices to the affected parts.

In presenting thus briefly some of the uses of Radium as a therapeutic agent, we would distinctly disassociate ourselves from others who may claim that Radium is a panacea for either malignant or any other diseases. Like all other remedies, there are limitations to its usefulness, and we would strongly deprecate its use by persons not thoroughly familiar with the technique to be employed. When not properly used Radium may do harm. No one who has not had considerable experience and sufficient Radium at his disposal should undertake to make use of it.

134 Bloor Street West.

Vote of thanks moved by Miss Stewart, seconded by Mrs. Pafford. (Carried.)

President—We have still a few minutes before 12 o'clock, and I would like to have this matter of registration disposed of before we go. We will first take up Miss Brent's recommendations. This seems to embody what we want in our regulations, and it seems to me that it would be a very good idea on the part of this Association to have these presented to the Secretary, Mr. Hanna, as coming from this Association.

Miss Brent—I think it should be from the united societies.

President—We cannot dictate what the other societies should do.

Miss Brent—That was prepared for the meeting last night.

President—Is it permissible for us to use it?

Miss Brent—Yes.

Miss Flaws—As representing private hospitals—they are entirely cut out. Could they not be included?

President—There were some recommendations dealing with affiliation, where the hospital did not have all the branches of nursing. In that way they would take in all the branches.

Miss Flaws—It says all hospitals receiving Government aid are the only ones to be considered.

Mrs. Pafford—Would not that come under the Hospital Act, instead of the Registration Bill?

President—I will read clause 18. (Reads clause.) Now the recommendation to which I refer is this. (Reads.) Would not that be a recommendation that this clause 18 be made more broad than it is at present?

Miss Brent—I think, Madame President, as the Superintendents of Private Hospitals are admitted into the Association, they should be considered. If we consider them as members of our Association which is standing for education, they should be eligible for membership.

Miss Brent—Of course, their Superintendents must be graduates of recognized training schools. Dr. Bruce Smith said he knew of a person who got tired of what she was doing and started a private hospital and trained nurses, but I think if the Superintendent of that hospital was a graduate—as we have an example here—of a large general hospital, it is a different matter. I don't think there is any excuse for a training school of a small private hospital being recognized.

Mrs. Pafford—That is evidently what the Government are after. They evidently have not taken in the larger hospital.

Miss Brent—Private hospitals were very extensively dealt with in the Hospitals Bill.

Miss Madden—If you cut out the private hospitals in Canada, you refuse to recognize the graduates of the Royal Victoria Hospital in Montreal.

President—I don't think for one minute that any such hospital was meant to be ruled out. I know in Toronto we have numberless small hospitals with 5, 6 and 7 beds, perhaps 9, and these hospitals try to maintain training schools. You know very well that they cannot give their graduates any kind of professional training or standing. They only do it more for commercial reasons, because they want to run their hospital as cheaply as possible. It is not right that these women should be placed on a par with women who have put in three strenuous years in a large institution,and who have taken pains to fit themselves for the duties of their profession and to be efficient members of that profession. I think possibly that if these recommendations were made, the clause as it now stands could be amended to provide better registration laws, and could give the Nurses who deserve registration a chance to register. Of course, the hospital Miss Flaws has in her mind is not the private hospital we have been used to. They didn't know what this hospital was going to be like. We have a great many private hospitals in Toronto that pose as being training schools, and after the Nurses have put in three years they want to be considered graduate nurses.

Miss Flaws—There wouldn't be any reason under the sun why any of these hospitals that have 25 beds provided should not be affiliated with some of the training schools and the nurses be given an efficient training.

Miss Madden—Might not the clause be added, "Training schools of private hospitals having 25 beds, whether receiving Government aid or not, giving proper training."

Miss Mackenzie—I think all these criticisms we have heard about this Act show how absolutely impossible it is to do anything with clause 18.

Miss Flaws—You cannot leave anything to the good judgment of the politicians.

President—You have heard all the criticisms and the suggestions, and you have also heard Miss Brent's paper and the recommendations which she thought it wise to make.

Miss Brent—It was only a suggestion. I didn't propose they should be adopted.

President—It started the criticism. I would suggest that you make a motion to the effect that you leave this matter in the hands of your Executive, who have now been instructed by your criticisms and suggestions, to arrange these recommendations and to send them to the Provincial Secretary.

Mrs. Pafford—Miss Brent's paper has so many excellent points in it, so much to grasp at once that it would be impossible for this meeting to take it in, and I would like to move that it be presented to the Executive of the Graduate Nurses' Association, and discussed by them, and that they may embody the points as they think right in their suggestions to the Provincial Secretary.

Seconded by Mrs. Clutterbuck and carried

President—We have Mrs. Fournier's paper, which is bristling with good points and which seems to give us exactly what we need. Even if we had

Waiting-Room, Babies Dispensary Guild, Hamilton

registration for all the properly trained and splendid women of our Province we would not be controlling the nursing situation entirely. This seems to give us the solution of the problem, and to make it possible for us to control the whole situation and to take proper care of the people who are ill.

Something recently came under my notice; there was a patient seriously ill who had for some time an untrained nurse, posing as a trained nurse and collecting a trained nurse's fees. The fact came to the knowledge of the doctor at the end of eight weeks, and then, as things were not going well, he had her dismissed and had a trained nurse employed for the patient. At the end of a week or two, the husband of the patient said to the nurse, "Are you sure you are using plenty of supplies?" She replied, "I think I am using

all that is necessary; all the doctor requires." He said, "My druggist's bill, when the other nurse was here, was $3.00 and $3.50 a week, and with you it has only been $1.00 or at most $1.50." So you see we have to do something for the protection of the people whom we are trying to care for, and we are not doing that efficiently now. I don't know whether we could take any action on this paper or not. Does anyone wish to say anything about it?

Member—A doctor mentioned the case of a patient who had typhoid fever. The nurse came and posed as a graduate, and nursed his patient so badly that he had to take the case and nurse it one night, and he said that in consequence of that nurse being there his patient died. He put all the blame on the nurse.

President—I think, perhaps, there could be some control of the untrained nurses, if we could arrange some method by which we could have licensed nurses.

Miss Mackenzie—How could the nurses have licenses? How could the profession amount to anything? How could you limit their nursing? How could you limit third-class nurses taking first-class cases?

Miss Rogers—I would like to speak to the educational side of it. Mrs. Fournier speaks of the first-class nurses being women with a University education. I know there are a lot of us who would like to be in that first-class. I wonder has Mrs. Fournier anything in her mind so that those of us who are in the profession at present would be taken care of in that Bill when it comes up. I mean a number of the nurses who are in the first class now and yet have not that University standing.

Mrs. Fournier—Certainly in the formation of a Bill there would have to be a waiver. There has to be some starting point and those at present in the profession have to be admitted.

Member—I would like to ask if such a Bill as Mrs. Fournier proposes would add to the unity of the profession. Wouldn't its effect rather be otherwise?

Mrs. Fournier—It seems to me that the only way we can have unity is to put all the sticks together. If we take one class and do everything for them we certainly have absolute division. My plan is based on that as a foundation —unity above everything else, but the control of nursing should be in the hands of the leaders of the profession. We should have something to say about how the sick are being cared for, even if only small wages are being paid. We should not allow a nurse to care for the sick if she is unfit to do so. You are all anxious to have "R. N." I have brought that point out indirectly. My intention is that simply an experienced woman who has not graduated, after receiving certain instruction should be allowed to get her nursing permit and should be an "L. N." At present there is no place for them. There is only one nurse apparently recognized, and that is the trained nurse, and because of that a woman allows it to be understood that she is trained. She doesn't come out and say it in perhaps so many words, but she allows it to be understood. If we compel her to be a licensed nurse—she has her own place.

President—I think Mrs. Fournier's paper will stand thinking over and that it would be well to leave it with the Executive and let us think over these points and have something definite to talk about next year and to recommend by way of amendment to our Bill, that some plan may be devised whereby the whole control of the nursing field may be in our hands.

Mrs. Fournier—If you are going to submit your suggestions, it seems to me that your Bill will be much more easily passed if you make suggestions broad enough to take in any student. Have all classes in it so as to give you authority. It is much easier to work on that clause now than to reconstruct it.

(Continued on page 363)

Editorial

THAT CRITICISM.

A very unfair and unjust arraignment of the Canadian Nurse was made at the meeting in Hamilton recently.

As President of the Editorial Board, I feel that it is only right to say in defence of it, that a year ago, when this question was discussed, all nurses interested in the Journal were asked to give suggestions, to outline a different policy, or to point out where any improvement might be made. Not one single communication has been received by the Board. Is this just or fair?

We are not satisfied with the present Journal, but making objections to it and doing nothing is not going to help it any.

Let those who are stirring up dissatisfaction make an honest effort to help the Journal instead of pulling it to pieces, and we shall have one that is "worth while."

The Western Nurses and those of Maritime Provinces have been quoted as being very much dissatisfied and feeling that they have no share nor interest in it.

We have reports to the contrary. For those who complain I would say, the opportunity is theirs, and if they fail to take it they can hardly hold the staff responsible.

The Editor cannot be expected to go West and get copy between issues.

The Journal will go on just the same, and those who are doing the work will improve it as the opportunity is given them. Let us have no more public fault finding without an accompanying statement of how to remedy the cause of irritation.

LINA L. ROGERS, R. N.,
President Editorial Board.

This number is devoted to a complete report of the Annual Meeting of the Graduate Nurses' Association of Ontario.

Owing to this, some of the regular Departments are omitted, but these will appear as usual in August.

To those of our readers who have inquired if the report of the Annual Meeting of the Canadian Society of Superintendents of Training Schools for Nurses would be given in "The Canadian Nurse" as heretofore, we regret having to answer that this "Society has decided not to make use of "The Canadian Nurse' this year."' This is a distinct loss to the many who could not attend the meetings, but who take a lively and enthusiastic interest in the papers and discussions.

The Editor will be glad to hear from any other Provincial Association wishing to publish a report of its Annual Meeting. Let us all have the benefit of your good papers and discussions.

The British Journal of Nursing of May 25th congratulates the Nurses of Ontario on having obtained State Registration, and announces that the Nurses of London mean "to celebrate the passing of the first Act providing for State Registration of Nurses in Canada by offering a congratulatory dinner to Miss M. A. Snively towards the end of June."

The kind words and hearty interest of the Nurses of the Mother Land are much appreciated. That honor is to be done Miss Snively, the great pioneer, who gave of her best for a quarter of a century to the Nursing Profession, and to whose untiring perseverance is largely, if not wholly, due the standing of our beloved profession to-day, we still more appreciate. Our sisters, we thank you.

But we have not yet attained our ideals, therefore we still press on, work on with unflagging vigor.

The Guild of Saint Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday Holy Communion at M. G. H., 615 a.m Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R. V. H., 6.15 a.m.
District Chaplain—Rev. Arthur French, 158 Mance Street.
District Superior—Miss Stikeman, 216 Drummond Street.
District Secretary—Miss M. Young, 36 Sherbrooke Street.
District Treasurer—Miss F. M. Shaw, 21 Sherbrooke Street.

TORONTO—Nurses' Residence, H.S.C. last Monday 8 p.m.
Chaplain—Rev. F. G. Plummer, 6 Spruce Street.
Superior—Miss Brent, Hospital for Sick Children.

QUEBEC—All Saints Chapel, The Close. Guild service, fourth Tuesday, 8.15 p.m.
Chaplain—The very Rev. the Dean of Quebec.
Superior—Mrs. Williams, The Close.

THE CRY OF THE CHILDREN.

Listen to the cry of the children—and from a secular writer, "I grow'd up in the street, quite loose, and permiskus like you see, and took to vice because I'd nothing else to take to, and because nobody had never given me a sight o' virtue." To give the children a "sight o' virtue." This is our work. It makes no difference whether we are naturally drawn to children or not. Special drawings do not exempt us from general duties. Disinclinations are not dispensations. The children's claim is universal.

What a power in the world these children are. The painter has caught the thought, and expressed it in endless pictures of the Madonna and Child The poet has sung of their power to reconcile the living—

"For when we came where lies the child,
We lost in other years,
There above the little grave
We kissed again with tears.

and to rouse "the dead."

"Rose a muse of ninety years,
Set his child upon her knee,
Like summer, tempest came her tears,
Sweet my child I live for thee."

Our age has heard the cry—as in the wonder-working "Cry of the Children," by E. B. Browning—and we are vying with each other in religion, in education, in "better housing" schemes, to give them "a sight of virtue" and "something else to take to" but vice. And surely the "Children's Nurse and the Children's Hospital" are part of our response to the children's cry.

Two thoughts suggested by them will be given later.

From "IN WATCHINGS OFT."

(To be continued.)

THE ALUMNAE ASSOCIATION OF THE HAMILTON CITY HOSPITAL

President, Miss B. M. Simpson, Assistant Superintendent, Hamilton City Hospital; Vice-President, Mrs. Newson, 87 Pearl Street North; Recording Secretary, Miss M. E. Dunlop, 175 Charlton Ave. East; Corresponding Secretary, Miss E. F. Bell, Night Supervisor, Hamilton City Hospital; Treasurer, Miss A. Carscallen, 64 Emerald St. South.

Executive Committee—Miss L. O. Watson, 423 Main St. East; Miss C. E. Flock, 238 Robert St.; Miss A. E. McDermott, 10 Stinson St.; Miss M. McEachern, 143 James St. South; Miss M. L. Hannah, Mountain Sanitorium.

Regular meeting first Tuesday, 8 p.m.

The Hamilton City Hospital Training School for Nurses held its annual graduation exercises at the Nurses' Residence, May 30th. Twenty-one nurses received their diplomas. The report of the school was given by Miss Madden, Lady Superintendent. Interesting addresses were delivered by Mr. Pratt, Chairman of Board of Governors; Dr. Morton, and Mayor Lees. The diplomas were presented by the Bishop of Niagara, and the medals by Rev. Mr. Paulin. Dr. Langrill, Medical Superintendent, administered the Florence Nightingale Pledge, after which Mr.McLaren presented the McLaren House Scholarship to Miss Edna Dewey. In the evening, the graduating class gave a dance, which was very much enjoyed by all present. Lunch was served in the class room, which was artistically decorated in "blue and white"—the class colors.

We regret to learn of the death of Mr. McEachern, of Gravenhurst, father of Miss Margaret McEachern, Graduate H. C. H., '11, and extend our sympathy.

Miss Fenley is visiting her sister in Chicago.

Miss Stornis has gone to St. Mary's Hospital, Rochester, to do private nursing.

The friends of Miss Ada Rothwell will regret to hear she has had to give up private nursing for a few months owing to ill-health.

Miss Madden, Superintendent of Nurses, H. C. H., is spending her vacation in Vancouver and other Western cities.

Dr. and Mrs. Freeman are visiting in Hamilton at present. Mrs. Freeman was Miss Mortson, Graduate H. C. H.

Miss Wilkin has returned to the city after having spent the last few weeks at her home.

Miss Tobias has resigned her position as Assistant Superintendent of Stratford General Hospital and intends to do private nursing in the city.

The Nurses' Alumnae of Hamilton City Hospital Training School for Nurses has affiliated with the Local Council of Women. Misses Simpson, Deyman, Dunlop, and Bell have been appointed delegates and are entitled to vote at all meetings of the Council.

There is before the nurses of the world to-day the question of the proper care of women at time of childbirth. Canadians are in a unique position, in that they may profit by the experiences of those in other lands and may thus lay a sure and firm foundation for the safe and adequate care of these most important cases.

If we glance across the water to the Homeland what do we find? All the dissatisfaction arising from the employing of midwives. To all who have given this matter serious thought, it has always been a puzzle how any logical humanitarian could recommend a woman, at this most critical time of her life, to place herself in the hands of a woman with but three months' training.

In the "Nursing Times and Journal of Midwifery" of May 4th, Eric Pritchard, M.A., M.D., Oxon., M.R.C.P., Lond., though paying a tribute to midwives, goes on to say: "Within the narrow compass of three months how can any individual be expected to acquire proficiency in the management of labor and the management of the infant, not to speak of learning how to recognize the presence of serious complications, the significance of rashes and the evidences of venereal disease? Many a woman can be present at and even be responsible for the management of twenty labors, without seeing a single complication, a single rash, or a single symptom of venereal disease in the parent or in the child, and yet at the end of this period the law allows her to take upon herself one of the greatest responsibilities that can devolve on any human individual, namely, the care and management of a mother and child, either or both of whom may require their attention in these hospitals."

And, then, as we sat and listened to Dr. Joseph B. De Lee's splendid address on "The Responsibility of the Nurse for the Health of Mother and Child After Delivery," delivered at the Convention of the American Nurses' Association, held in Chicago in June, we could not but feel that if all the work to be done by trained nurses in this world, obstetrical work occupies a first place. Dr. De Lee appealed to the nurses to be "missionaries of good obstretrics" in in the fullest sense. In reply to a question, he stated his belief that we should not undertake to train midwives. It is belittling that most important branch of medicine and nursing.

What are the lessons we can draw from those two statements? Midwives in the Old Land are not a success. How could they possibly be! And, across the border, the foremost obstetrician lays before us his belief, based on true facts. Now, therefore, is the time for Canada to take heed and see to it that this branch of work is not slurred over, but is provided for by having the best equipped maternity hospitals, the best trained doctors and the most skilful and richly endowed nurses in the land.

This is a question of national importance and to our nurses we must look for aid; let them be always "missionaries of good obstrectrics."

(Continued from page 358.)

Mrs. Clutterbuck—I do think that there is great force in that. When we presented our Bill before, the idea was in the minds of the lay people that the trained nurses were a selfish community. There are some people in England very well known to the profession—they may not be this particular standard—but there are licensed nurses there, and it seems to me that this would appeal to the profession. Every nurse knows that there are times when doctors have cases where people cannot afford to pay a trained nurse, and even after the trained nurse is gone one such woman could come in and fill a very useful field in the household. If we could control these women, we would have the support of the medical profession and also the support of the laity.

President—Perhaps it would be well to refer this along with the other to the Executive.

Mrs. Clutterbuck—I am happy to move that Mrs. Fournier's paper be included with the other, and that the Executive, which is composed of representative members of training schools, study it.

Seconded by Miss Rogers. Carried.

Meeting adjourned at 12.15 p.m.

Friday afternoon, May 24th, 2 o'clock. Y.W.C.A. Hall.

Mrs. Clutterbuck read the Report re Canadian National Association of Trained Nurses. (Adoption moved by Mrs. Clutterbuck, seconded by Miss Jamieson. Carried.)

The Second Annual Meeting of the Canadian National Association of Trained Nurses held its morning session on April 4th, 1912, in the Nurses' Residence, Hospital for Sick Children, Toronto, with the Vice-President, Miss Brent, in the chair, the President, Miss Snively, being absent in England.

After the invocation, Miss Brent gave the opening address, in which high ideals for Nurses and Nurses' Associations were emphasied. "This Association must not cease its effects to have registration of nurses established by every Provincial Government in Canada," said Miss Brent. "National and international societies are big names and must embody big ideals and accomplish big works or fail."

Regret was expressed at Miss Snively's absence, and later, after the reading of a letter from Miss Snively, by Miss Stewart, in which Miss Snively expressed regret that she could not allow her name to stand again for President; as her health demanded that her strength be conserved, a resolution of sincere regret was passed and the Secretary asked to write conveying same to Miss Snively.

After the reading of a letter from Miss Dock, asking for co-operation of the Canadian nurses in the success of the pageant to be carried out in Cologne this summer, Miss Phillips agreed to be responsible for the sending of a Jeanne Mance costume.

Miss L. L. Rogers and any other nurses fortunate enough to find themselves in the vicinity of Cologne, were invited to constitute themselves delegates from this Association, too poor in this world's goods to send them. Discussion suggested by Miss Brent was opened by Mrs. Fournier, as to the advisability of the amalgamation of this Association and that of the Canadian Society of Superintendents of Training Schools for Nurses. After an interesting discussion a committee was appointed to interview that Society when in session at Hamilton, in May, as to the wisdom of merging the two societies.

The following changes in the Constitution were adopted:—

Article VI., Sec. 2, now reads: Each affiliated Association composed of ten members or less shall be entitled to one delegate, each affiliated Association of eleven to twenty members, two delegates; no Association shall have more than five representatives at the annual meeting.

Delegates present at the Annual Meeting shall be entitled to cast total number of votes to which their Association is entitled.

Article X. now reads: The initiation fee for each affiliated Association shall be five dollars. Permanent members shall pay a fee of one dollar per year. Each affiliated Association shall pay two dollars for each delegate that it is entitled to send to the Annual Meeting; this shall constitute the anual fees of each Association.

Mis Carson gave a most earnest address on Moral and Social Prophylaxis, citing cases that had come under her observation in her vast experience as a social worker, and urging nurses to use every opportunity presenting in their daily round of duty to uplift the fallen, or, better still, educate the young and thus prevent their stumbling.

The following officers were elected for the incoming year:—

President—Miss Mary Ard MacKenzie, Ottawa.

First Vice-President—Miss Louise Brent, Toronto.

Second Vice President—Miss L. C. Phillips, Montreal.

Secretary-Treasurer—Mrs. Fournier, Gravenhurst.

Councillors—Miss MacFarlane, Vancouver; Miss Wilson, Winnipeg; Miss Colquhoun, Montreal, Miss Rowan, Toronto; Miss Greene, Belleville; Mrs. Stæbler, Sherbrooke.

A resolution was passed requesting that a letter be sent to the President of the Academy of Medicine, asking him to discipline those members of the profession who are employed as teachers of nurses in training schools advertising to train nurses in a few weeks.

The delegates then retired to the new clubhouse—"The Nurses' Club," lately given to the nurses of Toronto by Mr. J. Ross Robertson—where a social hour was enjoyed and luncheon served.

The afternoon session was held in the Medical Building, Toronto University. Dr. C. K. Clarke welcomed the nurses, and spoke optimistically of the time being near when the nursing profession would be more closely allied to the University, a higher standard established with a University examination.

Miss Mary Wadley, R.N., Secretary Social Service Bureau, Bellevue and Allied Hospitals, New York City, was then introduced. After outlining the effort for social betterment of the masses and the educational propaganda against disease and drugs, Miss Wadley gave a most interesting talk on the results obtained by the social service workers, who take charge of the men and women discharged from the hospitals, who are not yet able to return to regular work, and find suitable work for these weak ones, or rest-houses for those not yet able to work, homes for the small children while their mother's diseases are cured, and she put in condition to return to household duties. These stories of obstacles overcome among the foreign element, and the gratitude of mothers made whole and restored to their families, must have made all who heard anxious to see such a department formed in connection with each of our hospitals, for so much has yet to be done for those folk discharged from our hospital wards who have not right homes to return to.

The co-operation of the different charities in New York City formed an interesting part of Miss Wadley's paper, each paragraph of which was a stimulous to those interested in any phase of philanthropic work.

Miss Holman's paper on "Work in Social Service Department of Toronto General Hospital," and Miss Dyke's paper on "Social Aspect of Tuberculosis," were both interesting and helpful, and showed what effort was being put forth for the betterment of the masses in Toronto.

Miss Rogers opened a discussion and many questions were asked the workers, and much interest shown by those present in the different branches of the work.

The Delegates then went to Annesley Hall, where they were entertained to afternoon tea, by the University Women's Club.

Dr. Richard Cabot, of Boston, who was expected to give an address on "Social Service" and failed to appear in time, made a few remarks about the work as it had appealed to him.

Respectfully submitted,
MARGARET CLUTTERBUCK
Toronto.

Miss Jamieson gave report of representative to "The Canadian Nurse."

A year ago Miss Christie, the efficient Secretary of the Board of Directors of "The Canadian Nurse," gave you a history of the Magazine from its inception.

In presenting this report I shall attempt to tell you what we have *tried* to do during the past year.

The Directors have met monthly to transact the immediate business connected with the Editorial work.

The first Annual Meeting of the Canadian Nurse Editorial Board, Incorporated, was held at Toronto in November, 1911.

The *Treasurer's* report showed the total receipts for the year to be $405.80, $30.00 of which was contributed to "The Canadian Nurse" Fund, and the disbursements to be $332.20, leaving a balance of $73.60.

The report of the Manager showed the receipts from October 1st, 1910, to October 1st, 1911, to be: From subscriptions, $987.96; advertisements, $1,764.09; total, $2,752.05; and the expenditures to be $2,640.08.

The President spoke of the need of some form for membership of the Canadian Nurse Editorial Board, and submitted one, which was adopted by the meeting. This form is prepared for signature of Repesentative with a view to creating a feeling of responsibility, and thus bring a better response in the way of items of news and articles for the Magazine.

The object of the Board is to have one Representative from each organization of nurses a member of "The Canadian Nurse Editorial Board."

A special endeavor has been made to increase the subscription list of the magazine, 55 new subscribers have been added this year, making a total at present of 1285.

One of our members in Nova Scotia suggested that some space in the Magazine be devoted to giving information *re* The Training Schools of Canada. Accordingly a form was drawn up by the Directors and copies were sent to the Secretaries of the Provincial Associations asking them to gather the necessary data from their provinces. The first instalment of this will be found in the June issue.

The Canadian Nurse Fund is now $52.50.

Each member of this Association is familiar with the pages of "The Canadian Nurse," so we do not need to speak of these. Let the Board have your sympathy and earnest co-operation for the advancement of "The Canadian Nurse" and its standing as a National Magazine will be worthily assured.

(Adoption moved by Miss Jamieson.)

President—Does anyone wish to ask any question or make any comments before we go any further?

Seconded by Miss DeVellen. Carried.

President—I might add that the experiment of trying to increase the responsibility of members we feel has been a success. More members are responding and taking a lively interest in the journal as a result of this. A very hearty response has been given to our request for information re the Hospitals and Training Schools of Canada. I think possibly this will be very important to intending students. At least, that was the idea of the lady who suggested it. I don't think that the Editorial Board feel that our magazine is quite the failure some seemed to think it yesterday. It is not what we

wanted or hoped it to be, but if we had reached our goal there would be nothing still to fight for. We want to join together and make it a great deal better a year hence than it is now.

Miss Rodgers, First Vice-President, occupied the chair.

Report of the representative to Women's Local Council was given by the President.

Adoption moved by Miss Crosby, seconded by Miss Rogers. Carried.

President—Miss Rodgers has asked if all the Superintendents impress upon their graduates the duty of supporting the magazine by becoming subscribers, and if all in the Graduate Nurses' Association did all they could for the magazine. These are things for you to think about.

There was one item this morning—you will notice we had a paper down for "Social Service," and were unfortunately not able to have it this morning. It seemed to me most unfair that a subject of such vital importance should be crowded into the last few minutes of the session. As the time was late, I omitted it this morning with the idea of giving more time this afternoon, and I am very, very sorry that the lady who was to give us that paper was unable to stay for this afternoon. Consequently, we are that much the poorer. I regret this very much. It is a subject that is occupying a great deal of attention just now.

"School Nursing" by Miss L. L. Rogers, R.N., Superintendent of School Nurses, Toronto.

SCHOOL NURSING

The Board of Education of Toronto began Medical Inspection in April, 1910, by employing a nurse qualified to organize a school nursing service and whose initial step was to investigate schools, dispensaries, relief societies, homes, etc., to find out what was needed and how the needs of the children might be successfully met.

In May, two assistants were appointed and twelve schools with an aggregate attendance of 6,457 children were visited regularly each day.

The nurses made classroom inspections and visited the parents, notifying them of any disease or defect found. The cases requiring medical aid were advised to go to their own family physicians, while those too poor to pay were directed to a free dispensary. In September, two Medical Inspectors were appointed and all cases for diagnosis were referred to them.

In Novmber, two more nurses were appointed, as the principals of the schools saw the benefit of having the children's health looked after and asked for the services of a nurse.

The Board of Education was now thoroughly convinced that a complete system of Medical Inspection was necessary, and in February, 1911, appointed a Chief Medical Inspector, increased the nursing staff to seventeen, added six addition Medical Inspectors, and appointed a Dental Inspector.

The city, which had 80 schools, with an attendance of 45,000 children, was divided into districts, and the schools formed into groups, one nurse being assigned to each group and one Medical Inspector to every two groups.

In February, 1912, the staff of nurses was increased to twenty-five, and the medical inspectors to eighteen.

The duties of the Medical Inspectors are to make a routine inspection of all children in the school after each vacation, at midsummer, Christmas and Easter.

The daily duties consist of inspection of children for readmission to school, inspection of those referred by teachers and nurses for examination for contagious diseases and physical defects, and in making complete physical examinations. After the first routine inspection by the Medical Inspector, the nurses make all subsequent classroom inspections at intervals of two weeks.

The nurse's duties are many and varied. After the classroom inspections, the cases are weeded out and sorted, as it were. Those requiring diagnosis are referred to the Medical Inspector, a card being given to each child stating the reason for referring him; those having carious teeth are instructed by the nurse in her office and referred to a dentist or the dental clinic; those with unclean heads are sent home with printed instructions to the parents. Those requiring attention for skin diseases are attended to and returned to their classrooms as soon as possible. The plain dirty lad is given soap and a paper towel and sent to the sink to get washed.

Various means are used by the nurses to persuade the children to have their defects remedied. For instance, one nurse bought shoe blacking and *allowed* the boys to shine their shoes if they would have their teeth filled. Another nurse bribed the children to go to the hospital dispensary to have their tonsils removed by curing their warts.

One nurse reported to the Health Department 65 cases (36 active) of suspected tuberculosis from her group of schools, while another reported twenty-five cases.

One nurse referred six cases of discharging ears to the Medical Inspector, who found on taking cultures that five had diphtheria germs in the pus. It may readily be seen where the odd cases of diphtheria have their origin.

A nurse reported nine cases of measles from the kindergarten in one day, the only intimation being from two parents who sent word their children were unable to be at school for that reason. The other seven were absent and the nurse called to find out the cause, with the above result. It is interesting to note that in six instances the patient was an only child and the parents did not call in a physician. Think of the possibility of an epidemic when desquamation began from these concealed cases, had they not been discovered by the nurse.

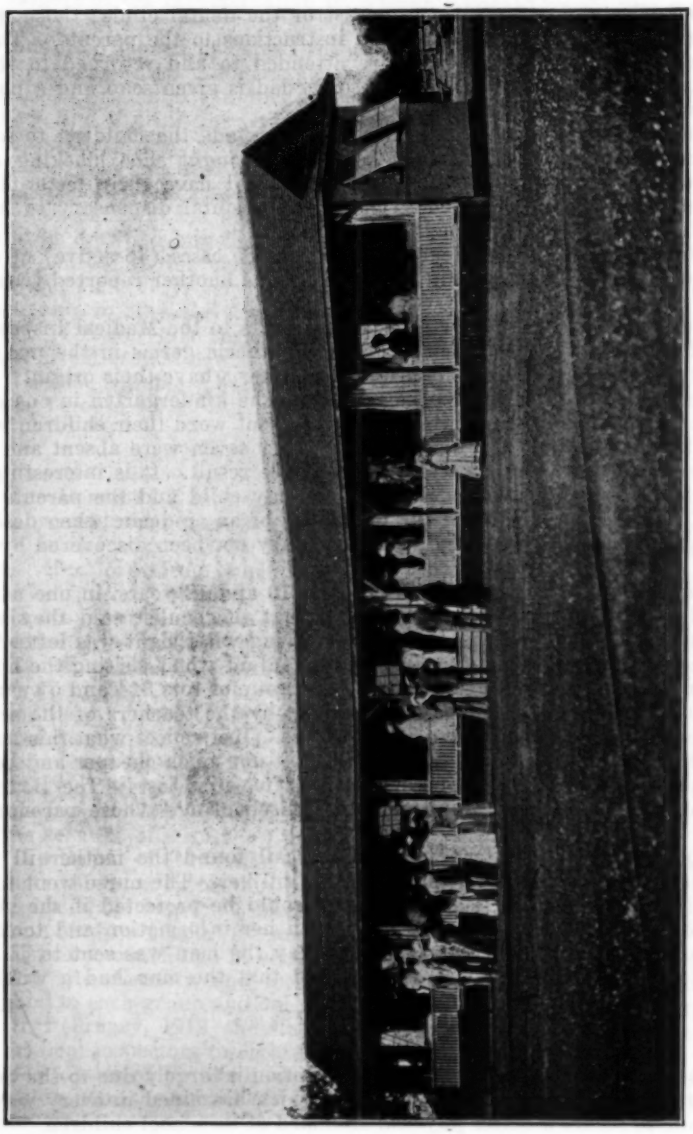
The same nurse found two children, aged 10 and 12 years, in one of her schools whose vision had been so neglected that the oculist said they were nearly blind and little hope was held out of saving what sight was left. This so impressed the nurse that she captured every infant when visiting the homes and enquired about their eyes. She now has a group of tots 3, 4 and 5 years of age wearing glasses. The glasses are provided by the teachers of the school they will attend when they become of school age. Just reflect what this means to these children and what the State saves. Is it not much cheaper and better to save the health than to try and recover it after it is lost? The Board of Education provides glasses for all children of school age whose parents are unable to do so.

A nurse recently when making a home call found the mother ill with fright because her husband had threatened to kill her. The nurse went to the police sergeant and learned that the woman could be protected if she would lodge a complaint. Back the nurse went with her information and took the woman to the officer with her and the next day the man was sent to jail for examination as to his sanity. It was learned that the man had a wife and family in England and was insane.

Social Service.

The success of the Toronto Medical Inspection is largely due to the broad-minded attitude of the Board of Education which has aided in every way the efforts made to secure a better physical standard of its school children.

Look at the dental report. When a test was made in two schools, 99% of the children were found with defective teeth. Our Dental Inspector visits schools twice a week, extracting ragged teeth and old roots which are likely to cause trouble. The nurses have received a full course of lectures on care of the teeth from our Dental Inspector. Our work at present is largely cura-



"Heather Club" Pavilion, Lakeside Hospital Grounds, Toronto. (Courtesy of Canadian Association for Prevention of Tuberculosis)

tive, but our whole aim is prevention. We want to keep the child from getting defects by showing him how he can keep himself well, by brushing his teeth, by proper cleansing of skin, by proper feeding and breathing of fresh air, and by proper clothing.

There is a reason for every case of delinquency in children, and we are not going to stop until we find the cause and then we intend to find a remedy.

We have under consideration an open-air school for about 50 children who are in a very much run down and anaemic condition. The plan suggests taking these children from their homes at 8 or 8.30 in the morning, to a park or suitable grounds, give them breakfast, dinner and supper, with light refreshments between—have a teacher give instruction for a few hours each day—see that they have a certain time for rest and sleep, the remainder of the time being devoted to recreation and play. A nurse will be on duty who will see that the diet is regularly and properly given, that their temperatures and weight are regularly taken, and that their general physical condition is supervised. This is to be a scientific experiment for the purpose of learning how much benefit is gained from such treatment, and it will be a regular feature of the school scheme in the future. Open air schools are a feature in many cities.

Toronto offers a post-graduate course of one month to nurses desirous of learning the methods of school nursing. Since the course was established in January, 1911, twenty-five nurses have availed themselves of it, nine of whom are in permanent positions as school nurses in different parts of the country.

Since the organization of our system 110 nurses have applied for positions on the regular staff. Nurses most suited to this kind of work are those who have had some years' experience in the different phases of nursing, such as private duty, district nursing and social service work.

School nurses are now employed in Canada in the following cities and towns: Montreal, Hamilton, Winnipeg, Regina, London, Brantford, Vancouver, Stratford, Kingston, Saskatoon, New Westminster, B.C., Niagara Falls, S. Vancouver, and Toronto.

Before a system can in any way be considered complete there must be a complete physical examination of each child before entering school and the defects should be remedied.

School dispensaries where minor operations and treatments may be made by physicians should be established.

There should be backward classes for those behind grade, and fresh air classes for those undernourished.

Report of Heather Club, Toronto.

Mrs. Clutterbuck—I am sorry, Madame President and Ladies, that our Secretary or Treasurer was not able to come to read this report. This is a report that was read to the Educational Society on Monday morning in Toronto, and though it may sound as if we had things under our control we have not got that yet. It is just in its beginning and we need the help of every nurse. Our work of social service has just been organized and is in its infancy. We need a school for these children, and hope our school nurses will help us in that, and we need a permanent home for our children in the winter time—we have that in the summer. The fairy godfather of affairs in Toronto, Mr. Robertson, was good enough to give us a home in front of the Lakeside, and we would like any nurses who visit Toronto to make a point of visiting that pavilin. In talking to Mr. Robertson the other day he told me we needed at least $50,000 to provide this winter home. We are going to get this money through our nurses and their friends. You are all busy women and haven't time to do the social service work. We have a nurse from the Children's Hospital with whom we co-operate, but this work has just begun and we want every nurse in Ontario to help us. If some of you find leisure and know suit-

able homes and could write us of some woman who would take some of our children and board them for a time, it would help us greatly. We might pay $3 or $4 a week. Then you could keep an eye on these children in your vicinity. There isn't a nurse in Ontario who couldn't help the Heather Club. I don't think you know how much you could help and how much we need it. (Applause.)

In the past year the Club has made steady progress, although our membership has not increased as it should.

At the meeting held in March, it was decided to have our Club meet the third Tuesday of each month, instead of every second month, as formerly. While the average attendance has been encouraging, we would like to have more of our members take an active interest in the work.

Various schemes for raising money to carry on the work have been devised throughout the year.

On May 15th, 1911, "The London Dramatic" presented their play, "Lady Huntingdon's Experiment."

In the same month Miss Steinberg's pupils gave their closing exercises for our benefit.

Two garden parties given by children at Centre Island benefited our treasury and showed the appreciation of our efforts for the sick, by these healthy ones.

An apron sale, held at Mrs. Elliott's in November was most successful, as were also three dramatic recitals given by Madam Labadie.

A Christmas tree was held December 28th in the S.S. of All Saints' Church, and one glance at the bright, happy faces of the children told how thoroughly they enjoyed the treat.

Our visiting nurse reports 325 patients attending the Wednesday afternoon clinic, held at "the Hospital for Sick Children." Of these, 112 have been brought in during the last six months. During the winter these patients are looked after in their own homes, and suitable nourishment and clothing provided.

Our appreciation of Mr. Robertson's generous gift—the large extension to the pavilion for tuberculous children—was shown, as he most approves, by using it. The extension was furnished and during the summer seventy-seven were cared for. Of this number only five have been able to pay a small weekly amount, averaging $1 a week. This shows that those most in need are being helped, and that the idea in the minds of those who organized this work of caring especially for the poor and needy is being carried out. The weekly increase in weight was most encouraging, all but five steadily gaining during their stay at the Island. A rest of one and one-half hours was insisted on after the noon-day meal, which, while not very kindly taken to, was maintained throughout the summer.

Sunday school was started by Mr. Saywell, of the Anglican Church at Hanlan's Point, and to him we owe our sincerest thanks for his interest in the children.

A Helping Hand League was started by Miss Hutchins, of the Children's Encyclopædia, and badges of the League presented to each child by Mr. Robertson.

Till this year we have been content to look after the cases that have come to clinic, or been reported from other sources. The question arose, what about the children in a family where the mother has been suffering from tuberculosis, and still looking after her household? Ten of our members were appointed to investigate conditions in ten such homes and here we found more work for the "Heather Club." May I be permitted, briefly, to outline, conditions found in one home. The mother had died from tuberculosis six weeks before. Four children, the eldest ten, the youngest nine

months, were living with the father in a three-roomed shack. After the mother's death the bed room had been fumigated, but the kitchen, where the patient had spent most of her time, was still a source of danger to these children. Sputum cloths were found piled behind a barrel, and other conditions revealed, which should not be allowed to exist. The house was reported for fumigation, the babe boarded out with a neighbor, the three eldest children put in a home, the father given instructions to burn sputum cloths and all personal articles belonging to the dead patient (which he did). Thus a new field has been opened up, and the work of prevention goes on.

Now, not to go on means death to a countless number of little ones.

To those who love children and believe the highest duty of adults is to make them happy, comes the privilege of providing suitable surroundings, whereby the children may learn the value of fresh air, sunshine, and right living.

We are most grateful that we have been able to accomplish all that was planned when we organized, and that the work has grown almost beyond our expectations.

A few items from the Treasurer's Report will give some idea of the work accomplished.

Milk, $215.83; clothing, $347.54; pavilion extension, $354.71; Christmas tree, $25.58.

I beg to move the adoption of this report. Seconded by Miss Pringle. (Carried.)

"HOW EVERY NURSE CAN HELP ERADICATE TUBERCULOSIS."

By Miss Watson, London.

Madam President and Ladies:—

In selecting my subject I considered if there was anything I could say that would apply to nurses in general, whether doing private nursing or in a public capacity, and I concluded that there were certain things that could be done by all to help eradicate what is at present the greatest scourge to the human race.

My subject, therefore, is "How Every Nurse Can Help Eradicate Tuberculosis."

I will quote, first, two statements that are often seen:

1st. "97% of people dying over 40 years of age show evidences of having had tuberculosis." This statement is made by Osler.

2nd. "One out of every seven deaths is from tuberculosis."

The logical conclusions from these statements are:—

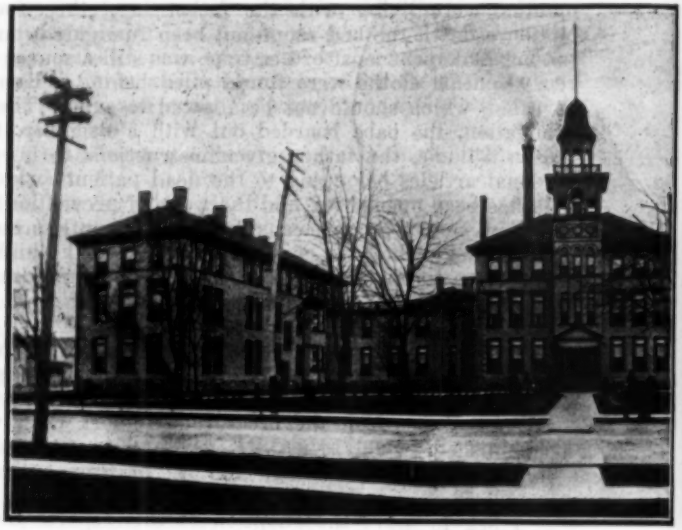
1st. That spontaneous cures must be an everyday occurrence, and the disease, therefore, is a very curable one, so much so that the majority are cured without medical aid and often without the patient being ware of the presence of the disease.

2nd. That considering its curability the death rate is appallingly high.

Experience has proven that a far-advanced case never recovers, that the few moderately advanced cases who recover have their usefulness permanently impaired, and, therefore, it is the early or incipient case who must be discovered and put in the way of being cured, or, better still, it is the person who is destined to become the incipient case who must be discovered and guided along the road to health.

The advanced case is the most prolific source of infection, estimated that every advanced case infects three others, and if we can prevent ordinary debility from becoming the incipient case, and the incipient from becoming the advanced, we will have prevented the formation of many distributing centres.

How can a nurse assist in this very urgent work of prevention?



Victoria Hospital, London, Ont.

First, by constituting herself a missionary of health and by using her trained powers of observation wherever she goes and on everyone with whom she comes in contact.

Every nurse undoubtedly meets with some of these incipient or near-incipient cases. It is certainly not our duty to diagnose a case, but it is our duty and privilege to utter a word of warning and advice when we see persons, through ignorance or because of pressure of work permitting themselves to remain below their normal standard of health.

We too often take these chronically ailing people for granted with the comfortable idea that with time they will regain their normal healthy condition. But what about the one in seven who die of it? Time failed to effect a cure, and, perhaps, some friendly interest and advice might have been the means of preventing a fatal termination in many of these or might even have arrested the development of the disease.

The initial symptoms of tuberculosis are insignificant and might easily escape notice.

A period of ill-health with slight indigestion, loss of energy, physical and mental susceptibility to colds, slight loss of weight, often rapidity of the pulse after slight exertion or rise of temperature, persistent huskiness of voice or an infrequent cough often not noticed by the patient or blamed to either chronic bronchitis or catarrh.

Any or all of these might be the forerunner of a stage of the disease that becomes alarming when cough, expectoration, wasting, fever and sweats become prominent features and the outcome is a matter of doubt.

Expectoration in the early stages is not characteristic. Often there is none, or, if any, it is bronchial in origin and white and frothy.

These cases must be impressed with the seriousness of their condition, the importance of proper treatment, and the hopefulness of complete recovery.

Where there are nervous objections to the sanatorium, the nurse often can do much to remove them and convince the patient that there he will have constant skilled medical attention and good nursing.

Certain diseases by reducing resistence prepare the soil for the tubercle

(Tuberculosis Clinic here).

bacillus, asthma, repeated attacks of pleurisy or pneumonia, enlarged tonsils or adenoids, enlarged glands, anæmia, rickets, decayed teeth.

These troubles are often overlooked and a certain amount of persistence is necessary to impress upon the sufferer the necessity of being under the care of a physician.

Prevention along these lines is taking place every day in our schools since the advent of the school nurse, but there is still plenty of scope for the private nurse in the home.

The second way in which every nurse can help is by spreading the gospel of fresh air, sunshine, cleanliness in its various branches, good food, exercise, regularity in living, and common sense, and to make it more forceful, preaching must be combined with practise.

Most important of these is fresh air. Oxygen has a tonic effect upon the system, dilates the air vesicles and accelerates the blood flow, sending it to all parts of the body. Stagnation or sluggishness in the remote parts of the lungs, the favorite breeding place of the germ, is thus avoided.

Particularly do we need to educate the mothers and the teachers in the schools to the value of fresh air.

What we mis-call colds in children are usually inflammations arising from impurities in the air of the schools and even of many homes, and these recurring colds make fertile soil for the Tubercle Bacilli, which, so long as the child retains his healthy vigor, remain inactive, but become active at the first lowering of the resistence, usually between the ages of 15 and 25. Well lighted, well ventilated rooms are foes to disease.

Cleanliness is a subject for both preaching and practise.

The skin is bathed to remove the impurities and enable it to do its work of respiring, secreting and excreting.

As possible sources of infection the teeth and finger-nails require attention.

Careless spitting is condemned, not only because it is unclean and offensive, but because it is the great disseminator of germs. All sputum can be destroyed with very little trouble and the public must be taught that it is both selfish and criminal to persist in a habit that endangers the lives of others.

Of almost equal importance in this crusade is the extermination of the house-fly, which is so energetic in bringing to our food germs of all descriptions.

Much can be done in the demonstration of cooking, to preserve or develop the savory and nourishing properties of a food, in contrast with the careless and hurried way so often seen, the choice of foods and manner in which they are combined to furnish the different elements required by the body.

Lastly, when opportunity offers, teach the simple rules of health:—

To breathe deeply with lips closed;

To walk with the shoulders back, chest out and head erect;

To wear nothing tight, corsets, neckwear or footwear;

To keep the feet dry and warm.

When run down build up the strength at once with nutritious food, extra rest, extra sleep and fresh air, and keep the body in such good condition that it will be armor proof against germs.

In these two ways, by teaching hygienic living and by directing to medical attention all whose physical condition should be improved, every nurse can assist in the work of eradicating tuberculosis.

As when a pebble is dropped into the water the circles become wider and wider so a timely word may have very far-reaching results.

DISPENSARY AND WORK AMONGST DOWN-TOWN TUBERCULOSIS PATIENTS.

By Miss Renton, Hamilton.

This, to a casual observer, possibly appears a narrow and restricted sphere of work, but it is in realty, so broad that in order to accomplish its mission in the fight against the White Plague the co-operation of every citizen is needed.

It is a work of instruction, alleviation and encouragement, and one by no means restricted to those who, upon examination, are found to have tubercular trouble, or to the 70 or 80 cases on the visiting list.

Each member of the family in which these patients live must be taught the principles of right living, first to safeguard themselves against falling victims to the disease, and, secondly, to intelligently assist the afflicted one in his struggle to regain health.

The essentials for the cure and the prevention are the same, viz., rest, fresh air and good food.

In the majority of cases one succeeds in impressing both patient and family, with the necessity of observing care in the disposition of the sputum, the advisability of the sick one covering his mouth whilst coughing, his using separate dishes, bedding, towels, etc., though, unfortunately, there are some cases where we feel sure that these instructions are observed only during the occasional visits of the doctor or nurse. This is one respect in which one sees the benefit derived from sanitorium treatment. The constant supervision and teaching of the institution surely bear fruit along this line.

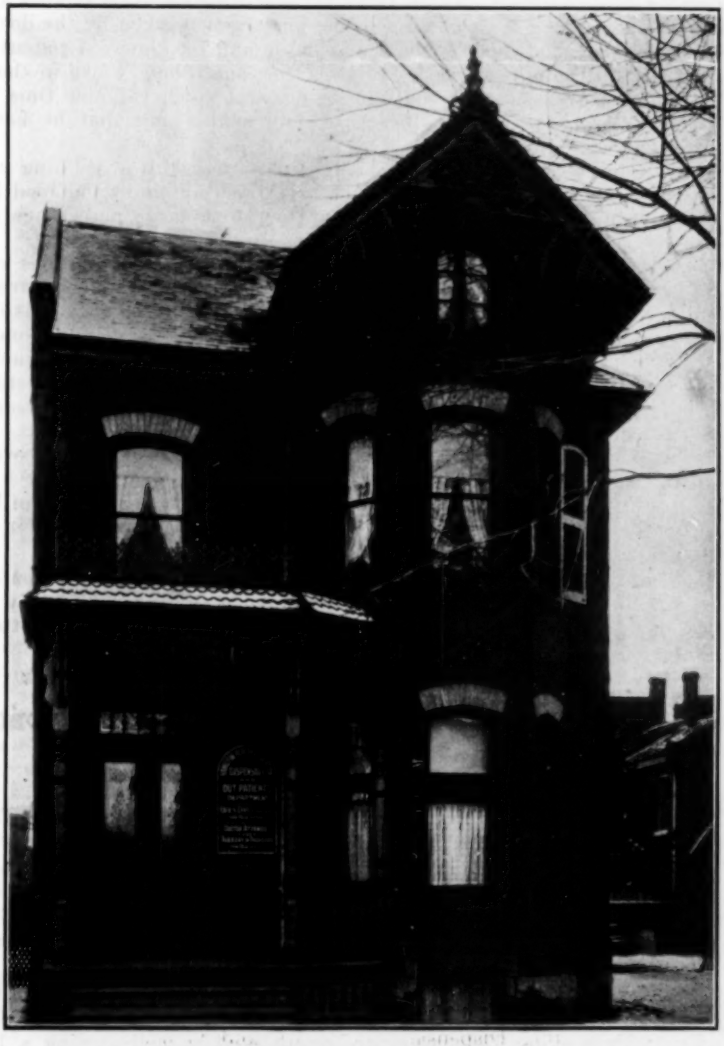
The question of sufficient and suitable nourishment can usually be arranged. In Hamilton, Miss Doolittle's Trust Fund supplies a number of families with a daily allowance of milk, and from time to time this fund is drawn upon for meats, fish, eggs, etc.

Funds supplied by the Billiken Club have done much in relieving this situation also.

The difficulty of the patient and those associated with him, getting sufficient fresh-air is not so easily overcome. Many of the sleeping rooms are badly ventilated. When this difficulty is surmounted, you are confronted with the prejudice of years against the admission of plenty of fresh air and particularly at night. However, in the past few years much of this prejudice has been broken down and the younger generation, at least, is learning that to work and sleep where there is good pure air reduces the susceptibility to colds and other diseases.

This brings us to the first important essential—rest. And this, without doubt, is the one most disregarded by those seeking cure, and those striving to avoid contracting the disease.

Rest is recognized as being important in many diseases, but for some reason where the patient is suffering from tuberculosis, the very prevalent idea appears to be, that exercise is essential. So long as the patient feels ill, there is little difficulty in persuading him to remain in bed. The sick one feels the need and the family also approves. However, weeks, and frequently months, of systematic rest are necessary to accomplish the healing process in the diseased lung and it is at this stage where real difficulty begins.



Tuberculosis Clinic, Hamilton.

The patient benefited by the rest he has taken often feels and looks better than ever before in his life, very much better, perhaps, than many of those around him. The other members of the family are up and at work and he feels like a drone in the hive. Added to this, his family and friends, not understanding the nature of the disease, begin to urge him to exert himslf. To them his life appears one of idleness. They do not realize that his struggle to regain health is much harder work than their daily toil. As a result, the patient, if left to himself, begins to regulate his life according to his feelings and, invariably, in time, falls back to a condition as bad, if not worse than before and with a much poorer chance of being cured. These are a few of the dangers to which the down-town patient, who otherwise had a good chance for recovery, is exposed.

Those starting out with a less hopeful outlook often receive a smaller amount of encouragement along the right line. The prescription given by the doctor, of rest, fresh air and good food, appears too simple and too slow. A patent medicine suggested, perhaps temporarily relieves the cough, long walks in the fresh air reduce the temperature for the time being, and much valuable time is lost before the patient realizes that these are only snares and that he has been on the wrong track entirely.

Thus, the necessity of every one being acquainted with everything regarding this disease is apparent. The story of rest, fresh air and good food is possibly old to many of us, but it is yet very new to a large percentage of the populace.

When one compares the attendance at Dispensary, the families on the Visiting List, and the patients at the Sanitorium, with that of four or five years ago, the increase is appalling and one frequently hears the remark "this disease surely is on the increase." The number affected surely does appall one, particularly when one considers that many of these cases are the result of somebody's carelessness. But the fact that these cases, hitherto hidden and neglected, are coming to light and are being instructed and passing this knowledge on to others, changes the aspect somewhat.

The work of the nurses in our schols is responsible for the discovery of many of the afflicted children.

The training these children receive at the Sanitorium must result in benefit to them for their entire after-life, and the new ideas they bring into their homes will prove a benefit to the other members of their families.

The death rate from tuberculosis in Hamilton last year was quite materially reduced, proving what can be done along this line. But the work is only begun and past success we hope will serve only to stimulate us to a bigger, better and more united effort.

REPORT OF THE TUBERCULOSIS VISITING NURSES OF TORONTO.

By Eunice H. Dyke, R.N.,
Superintendent Tuberculosis Visiting Nurses

The Division of Tuberculosis in Toronto was organized under the Department of Health, June 1st, 1911.

The work the department has been able to accomplish is due in large measure to the three years' work of one nurse. In that three years she did her part in building up a strong Tuberculosis Clinic at the Toronto General Hospital; in establishing cordial relations with the physicians of the city; and in inspiring organizations of Social Workers to effort along Tuberculosis lines.

It was felt, however, that the Department of Health could not hope to prevent Tuberculosis in the city if it limited itself to visiting in the homes of patients voluntarily seeking Dispensary treatment, and to maintaining a limited number of patients in Sanitaria—each for a limited time.

The notification of Tuberculosis was accordingly made compulsory, and a second nurse was appointed to enforce that notification.

The original accommodation of a corner of a table in a corner of the Department of Health gave place to half an office, and still later to a separate office, with suitable equipment. The staff at present consists of a Superintendent, seven nurses, and a Social Worker in charge of the records. The story of the organization of the Department is simple:

The Dispensary Nurse continued her work at the Toronto General Hospital Clinics twice a week, and continued to visit the Dispensary cases. Records of applications for Sanitaria, reports of positive sputa from the Municipal Laboratory, and the few reports from physicians were compared with the reports of

King Edward Sanatorium, Weston, Ont. (Tuberculosis.) (Courtesy of Canadian Association for Prevention of Tuberculosis)

deaths in the City Clerk's Office. The remaining cases were investigated, and a few found to require supervision. The physicians were consulted before visiting, whenever possible. A separate telephone was soon installed.

Aftr consulting record cards from various cities, a suitable system of records was instituted. These records are necessarily elaborate, although every detail that is not essential to the work of the nurse in the home has been eliminated.

Gradually the original division of cases into Dispensary and Private cases gave place to a division according to location, these districts becoming smaller as the staff increased. For the sake of new nurses, the cases were "pegged out" on a map of the city. This has proved such an educative factor that a larger map has been provided for the general office.

During the year, two new Tuberculosis Clinics have been established, and the city nurses are now attending four out of the five special Clinics held in the city. The cases reported to the department by the Dispensaries are assigned to the nurse visiting in the district in which the patient lives.

The nurses report in the office at 8.30 a.m.; record the previous day's work on the histories; report fumigations; and receive any new work. They leave the districts at 4 p.m. and at home write a report of the day's visits. These visits include visits of inspection, visits to arrange for fumigation and to inspect after fumigation, visits of co-operation (to secure material or other aid) and actual

nursing care. Sputum boxes and paper handkerchiefs are distributed free of charge. Sheets and pillow cases are provided when necessary, and the nurse carries with her the necessary nursing supplies, together with a gown to completely cover her street clothes.

Probably the most encouraging feature of the work is the fact that the physicians are reporting their cases. June 1st, 1911, three physicians had reported cases; June 1st, 1912, over two hundred. Nearly eight hundred cases have been reported in writing, no duplicates being included in that number. No case is recorded as Tuberculosis without the written statement of the physician—all others are "suspects." There has been practically no opposition to the notification of Tuberculosis, but it has been found that the most willing physician requires to be reminded of the new law.

The distinctive features of the work of the Division are: That the nurses work as employees of the Department of Health; that they are not limited to Dispensary cases; that they do not give material relief; that they plan for constructive work in the Tuberculosis Home, rather than bringing temporary relief to the individual Tuberculosis patient.

All reports of Tuberculosis must come finally to the Department of Health —reports of physicians and dispensaries; requests for city orders providing maintenance in Sanitaria; requests for fumigation; complaints from neighbors, and more recently, a daily report of admissions and discharges from Sanitaria.

The city nurses visit all positive or suspected cases unless the physician-in-charge states that it is unnecessary. If another nurse is found to be in charge, the case is recorded, and infrequent visits of inspection are made.

Under the present conditions of poor organization amongst the Charitable Agencies of the city, it has been difficult to maintain the policy of withholding material relief. Tents and separate beds have been provided when advisable, and occasionally clothing and railway fare, but the greater need of food, fuel, rent, pensions, etc., will never be met by the nurses. They have not the time to raise the necessary funds, and possibly have not the wisdom to dispense them —in addition to which there are organizations well qualified to undertake that work.

"True growth is more frequently indicated by an ability to share work with other organizations than by one Society's attempt to bear all the burdens of the people alone, and visiting nurses who work closely with relief and other agencies realize that their work grows in intensity and effectiveness as it decreases in scope."

It is an impossibility to report the work of the Division of Tuberculosis without referring to the other agencies at work for the benefit of the Tuberculosis Home.

The Sanitaria at Weston and at Gravenhurst, under the management of the National Sanitarium Association, are to-day accommodating over three hundred patients, maintained at a per capita rate by the Municipal and Provincial Authorities, and an additional number paying their own expenses. The nurse makes the arrangements for admission and for ambulance. The four large hospitals in the city admit patients for diagnosis or for surgical treatment, and have frequently admitted emergency cases when the Sanitarium at Weston has been crowded.

The City Relief Officer and the House of Industry have provided fuel, groceries, and milk. The Associated Charities have investigated difficult social conditions, and secured the co-operation of other agencies. Sanitary inspectors have closed basement dwellings, and have ordered others torn down. Case conferences have been established at two of the Settlements, and have brought about excellent work in a number of the homes. Fresh air agencies are planning to give the much-needed vacation to some of the children who have been exposed to advanced Tuberculosis. A list of over three hundred such children has been compiled. The Fred Victor Mission will take forty of them to Whitby, and the Evangelia

Settlement thirty-two to Lake Simcoe. They have chosen the children, and have decided upon the date, the nurses' duty being to complete the home arrangements, and to deliver the children clean and suitably clothed, at the time arranged. The Pavilion, at the Island, in connection with the Hospital for Sick Children, will do an extensive work amongst the children atending their Dispensary. The Toronto City Mission is taking a number of mothers with their young children to Bronté.

The work of the Heather Club and of its Friendly Visitors has been powerful in its effect on some of the homes.

The co-operation with the school nurses will show excellent results. Children exposed to Tuberculosis under adverse conditions are reported to the Medical Inspectors of schools for observation, knowing that early symptoms of the disease will be noted. Anaemic children, giving a family history of Tuberculosis, are reported by the school nurses to the department, and many adult cases have been discovered in that way. Both organizations of nurses are planning for the time when Fresh Air Schools will be an accomplished fact.

The Division of Tuberculosis will be of value to the city in the future, because it serves as a Clearing House for the various agencies capable of doing constructive work in the Tuberculous Home.

The following is a brief summary of the past year's work:—

June 1st, 1911.—Visiting List		125
New Cases	1258	
Reported in writing by physicians	349	
Reported by Laboratory	66	
Diagnosis secured through application for Sanitaria	224	
Reported verbally by physicians, by nurses and others not qualified to make a diagnosis	619—1258	
(The first report only is recorded.)		
Patients discharged	260	
Moved from city	102	
Deported	11	
Lost address	18	
Not Tuberculosis	129—260	
Deaths	224	
Old names returned to list	16	
June 1st, 1912—Visiting List		915

To this record must be added 501 cases which have been recorded, but have not been visited by the nurses, making the total number of recorded cases, 1884—129 of which have proved negative.

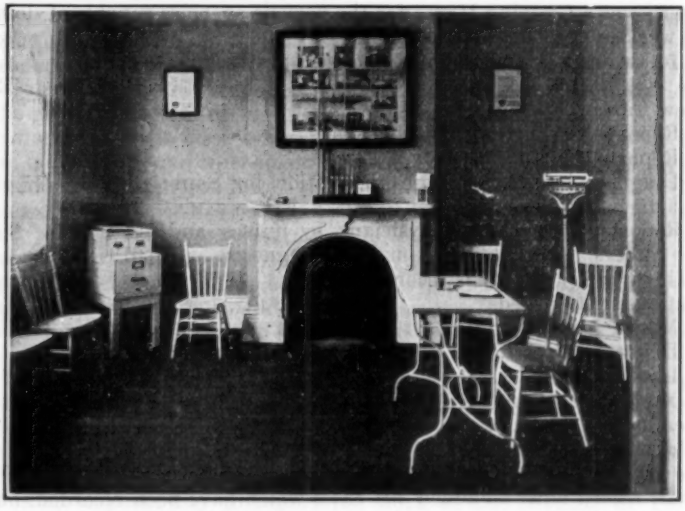
Fumigations ordered	581
Clinics attended	212
Reported to Medical Inspectors of Schools for observation	402
Reported to Sanitary Inspectors	61

Miss Stewart (Toronto)—Madame President and Ladies—Coming at the tail end of such a procession of papers on the Tuberculosis problem I don't know that there is very much to say. However, one or two things occurred to me as I sat listening, and that is, that all the enthusiasm that is being displayed along this line must be productive of wonderful results. When we think that there is no convention of people interested in health and public conditions to-day without a very large portion of the time being devoted to the consideration of the Tuberculosis problem, we feel that with all the attention that is being turned to that subject in a few years' time it certainly must make a great deal of difference in the number of tuberculosis cases.

I thought also, when listening to the various papers, something about the endowment that must be necessary for the work. Any nurse who takes up

Social Service work, I think, needs a very special endowment of what Scotch people call "gumption," and I think in regard to the Tuberculosis problem perhaps she needs even more of that quality, because the different problems that meet her in one day's work are so varied and call for a good deal of administrative ability. She needs, for one thing, endless patience, because the advanced tuberculosis cases (I suppose it is the same, perhaps, in other chronic diseases) become very unreasonable and irritable and hard to deal with. It is very difficult sometimes to get them to see things from our point of view.

Another thing I think that the social service nurse needs particularly is that quality that is brought out in the little story, "Molly Make Believe." You know her rather irreverent application of Paul's words: "There remain these three, faith, hope and charity, but the greatest of these is a sense of humor." A social service nurse needs a great deal of that in her make-up. because the problems that come before her notice, even in one day's work, are so varied. She comes in contact with strained relations between husband



Waiting-Room, Tuberculosis Dispensary National Sanatarium Association, Toronto

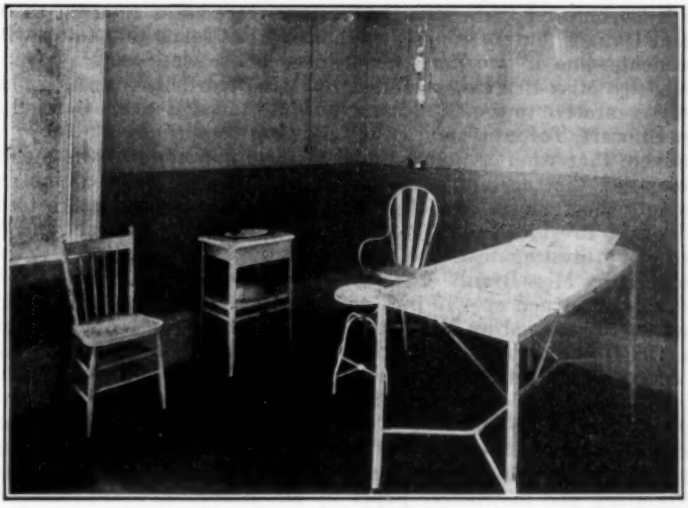
and wife, home problems of every description, she has to get homes for children, etc.

One thing that has impressed me in my short connection with this work is this: Canada has a great deal more than the share she should have of tuberculosis cases to deal with, and the need of more stringent immigration laws is very apparent to any one in this work. We know that cases get into the country that really ought not, and, of course, become a public charge. They may be deported if they have been in the country less than three years, but many of these cases when they come under our notice are too ill to be deported and have to be taken care of.

Your President asked me to give you a short sketch of the work in the dispensary established by the National Sanitarium Association. It was begun in December and I presume it is run on somewhat the same lines as other dispensaries. Since the opening of the dispensary 275 cases have been treated—117 new cases. The relief side is looked after by a club of ladies called the Good Samaritan Club. Mrs. R. N. Burns is the President, Mrs. Herbert Tilley

the Secretary, and Lady Gibson the Honorary President. Milk and eggs are supplied to patients that need them, and we also have our loan hospital where we have supplies, as bedding and other necessaries.

In talking with Miss Dickson, the Superintendent of the Sanitarium at Weston, she mentioned a little incident that brought very clearly before me the value of the work along preventive and educative lines. She told me about a little girl, about seven years of age, who is out there. She went some months ago. The children play with their dolls, and the game usually is that their dolls are supposed to be patients. The dolls take the cure and go through the regular routine. This little girl remarked she wished she had a pouch for her doll's handkerchiefs. She had a number of little papers screwed up into balls to represent the handkerchiefs. She remarked to Miss Dixon, "I wish I had that pouch, because the doctor will come around in a little while and what shall I do if this is very untidy?" Anyone who knew anything about the home that child came from would appreciate that very much. When we found the case there were four generations in the house. This little



Examining Room, Tuberculosis Dispensary, National Sanatarium Association, Toronto.

girl's father was a man of 39, and, to show you how early these people take upon themselves the responsibilities of life, he was already a grandfather. This little girl slept in a room that had no window to the outside, only into a shed, and things were pretty bad. I am sure that since she has been in the Sanitarium she has had a few lessons in personal hygiene and cleanliness that didn't come into her life before.

Another feature of the work I might mention,—One girl came to the dispensary who was anaemic and badly nourished. She was about 18 years of age, not too well equipped mentally. After having her under observation for some time, it was decided that she had not tuberculosis. She worked in a printing establishment where the conditions were not very good. She also slept with all the windows closed. After visiting her and arranging to have her sleep out of doors we found after a short time that she improved a great deal, but still seemed very dull and lifeless and didn't seem to take any interest in anything. I said to her mother, "Cannot you get Annie interested in anything outside of her work? It seems to me that is what she needs. Does she

ever go out; hasn't she any companions?'' The mother, who was an Englishwoman, replied: ''I think you are quite right, miss; I think if she had a young man to take her out to the Nigger show, she would be all right.'' (Laughter.) Of course that didn't come within my province; I couldn't manage that part. (Applause.)

President—These most interesting papers on tuberculosis have been very helpful and instructive, and if there is anyone who would add a word to the discussion we can give you five minutes.

Mrs. Pafford—I would like to ask if these young ladies can tell us whether tuberculosis predominates in one nationality more than in another.

Miss Dyke—We don't know. It is one of the things we are watching. We know we have had a larger percentage of cases from amongst the Macedonians. In the last few weeks we have had 30 registered. Those 30 have come from Macedonian lodging houses where there will be four beds in a room. They say that in Macedonia they live like that, and sleep in a crowded state, but in that country they have no roofs to the houses and the climate is different. I have not really any statistics yet to say what nationality is most susceptible in Toronto. I know myself there are more cases amongst the colored people and Italians, but, of course, the housing has something to do with that.

President—One or two items of business before we close.

Moved by Miss Pringle, seconded by Miss Wardell, that Miss Jamieson be the representative to the Canadian Nurse Editorial Board. Carried.

Miss Stewart, Toronto, moved the following resolution:—

Resolved, that whereas it has come to the knowledge of the members of this Association that certain members of the Academy of Medicine are paid lecturers in a short course School of Nursing in Toronto, we desire to call the attention of the President of the Academy of Medicine to that fact and to place on record our protest against such a state of things.

Seconded by Miss Brent. Carried.

Meeting adjourned at 4.15 p.m. to go to the Mountain Sanitarium where the nurses were received by Mrs. Crerar, President of the Ladies' Board, Miss Hannah, Dr. Holbrook and members of the staff. A sumptuous tea was thoroughly appreciated by all after their climb up the mountain in the bracing air.

Dr. Holbrook then took the nurses through a number of the buildings, showing and explaining charts and X-ray photographs, which were most interesting and showed what splendid work is being done at the Mountain Sanitarium. The Association then gathered in the Lecture Hall and listened to a most interesting and instructive paper by Dr. Holbrook.

TUBERCULOSIS FROM THE NURSE'S STANDPOINT.

By J. H. Holbrook, M.D., Hamilton.

I am going to discuss this question of tuberculosis as it applies to nurses, from two points of view: (1) What the nurse should know about the disease to enable her to employ preventive measures that will prevent all danger both to herself, and to others in the household of the patients; and (2) what she must know about the disease to enable her to be of the greatest service to the patient in enabling him or her to effect a cure of the disease.

So with regard to the first question I would begin with the statement that prevention must always be the foremost aim in tuberculosis work. Far more important than restoring one sufferer to more or less perfect health again, is the duty of preventing the several other members of that family from falling a prey to this scourge. If a patient is ill enough to require the attendance of a nurse he should be in a room by himself with the windows open, the curtains removed and the floor bare of carpets and rugs, while all furnishings should be as simple as possible. Next there must be installed habits of absolute cleanliness. The patient's moustache and whiskers should be clipped and the use

of a sputum box must be insisted upon. The nurse should see to it herself that the sputum cups are changed sufficiently frequently, and that the contents are properly destroyed by fire. If porcelain cups containing carbolic acid are used she should also see to the disposal of the contents and make sure that the cup is thoroughly scalded before being re-used.

Then for a patient who coughs frequently it is well to have tissue handkerchiefs that can be held before the mouth and catch the particles of spray thrown out by the act of coughing. We use white tissue handkerchiefs cut 7 x 14 inches, and the patient holds them so that the part coughed upon is turned inward and the handkerchief when soiled is then pressed into a small ball and deposited in a paper bag. When the bag is filled it also is taken away to be burnt. When the patient is very ill and weak these handkerchief's will need to be held before the patient's face by the nurse and as an extra safeguard in such cases there should be a basin containing some disinfectant near by, so that the nurse's hands can be washed each time after doing any work about the patient. Further it should be an invariable rule to wash the hands before going to meals and before eating and it is well for the nurse to make it a rule never to eat in the patient's room. I say this, not because there is danger if proper measures are insisted upon, but because, if the nurse is careless about this matter she may grow careless about others and thus lead to danger.

Another question to be decided jointly by the doctor and nurse is that of fumigating. When we move a patient to a sanatorium we move him into surroundings which we know to be free from danger, but if the nurse goes into the home of a consumptive who has been ill for some time and who has been careless or ignorant of the nature of this disease and of preventive measures the house will in all probability be already infected and a source of danger. When we move a patient from such a house in the city the health department sends its officers free of charge to disinfect the room or rooms the patient has used, so when there is any suspicion of danger the nurse, too, should insist upon thorough fumigation of rooms previously occupied by her patient. Fumigation should be followed by thorough scrubbing of the floor and washing of the woodwork and other washable parts.

Such measures insisted upon when the nurse begins her work in that house would strongly impress the importance of preventive measures at the proper time. And the duty of the nurse is not alone to the patient, but in this disease it is to the whole family. She has to teach that household practically a new standard of living, and fortunately she is by her training especially adapted for such practical work. In fact the influence of a properly trained nurse must be greater than that of the physician, for the occasional short visits of the doctor cannot exert as great influence as the example of the daily life of a nurse in constant attendance.

Such measures instituted by a nurse would soon dispel the misinformed opinion of the laity that a sanatorium, or the sick-room of a tubercular patient, need be a dangerous place. It would instead make apparent the fact that the only danger rests with the careless or untrained consumptive. In fact the reports from Sanatoria show that where such measures are rigorously carried out the nurses, instead of being in any danger, grow more healthy because of the more regular and healthful life.

Thus for a nurse to refuse to take a tuberculous case is for her to confess, either that her training as a nurse has been deficient, or that she does not believe she has the force of character to insist upon the establishment of proper precautionary measures. But let me add that if the patient or members of the household wilfully refuse to carry out her instructions with regard to preventive measures, she is to my mind only taking the proper course if she leaves such a case to his fate. Seldom, however, will such a case be found. Rather will the nurse almost invariably find this her opportunity not only to relieve the suffering of the diseased, but also to protect the healthy from disease, and

thus carry out those high ideals that led her to choose nursing as her profession. In no other disease is there so much that a nurse or doctor is permitted to do and if the nurse or doctor is thoroughly trained it is done at no risk whatever, so to refuse to go at the call of such a case is to miss one's greatest opportunity of doing good.

Now leaving preventive measures let me refer to a few of the points about the disease that a nurse should understand if she is to be of the greatest aid to the patient himself. Here let me repeat that this is a social disease predisposed to by incorrect living and part of the cure consists in teaching the patient to live correctly. This is what the sanatorium attempts to do, and treatment goes hand in hand with teaching. In fact teaching is part of the treatment and it is simply because it is easier to teach in a sanatorium where many are learning the same lessons that the sanatorium is the best place for every patient at any rate for a short time at the commencement of treatment.

And, unfortunately, the training of a nurse who usually sees but the acute diseases, to a certain extent unfits her for nursing a case of tuberculosis. For instance in a case of lobar pneumonia the nurse is delighted if the temperature is under 100, and throughout the short course of the disease she studies to keep the patient as much as possible in ignorance of his condition. Again it is the custom of the nurse just as soon as the patient feels strong enough, to urge him to take a few steps, gradually increasing the amount of exercise without regard for so slight a temperature as 99 or 99.6, or even 100. But in tuberculosis her attitude on each of these points must be reversed.

I have already referred to the nurse as a teacher when she attempts tuberculosis work, and the reason for needing to teach the patient is very simple. In an acute disease the patient is exhausted and besides he is resigned to three or four weeks of illness. But in tuberculosis the treatment in bed of an ordinary case is only beginning at the end of four weeks and long before the active stage is checked he is feeling rested and fit to at least get about the house. When this stage arrives it will be impossible to keep the patient in bed continuously for perhaps many weeks more, unless you are able to explain to him just why this is necessary, and this the nurse should be able to do, and she can only do this if she knows the nature of the disease and of the treatment required. The nurse must then *understand thoroughly the nature of the temperature in tuberculosis.*

Tuberculosis is a chronic disease of long duration and when the tempera-

Mountain Sanatorium, Hamilton. (Courtesy of Canadian Association for Prevention of Tuberculosis.)

ture chart comes to resemble that of acute pneumonia, the outlook for the patient is very serious. In such a disease a slightly abnormal temperature continuing into weeks is quite as serious, and in some respects more so, than a very high temperature in some acute disease which is likely to run its course in a few days, or a week or two. It follows then that the taking of the temperature becomes an important matter. In no case can you form accurate conclusions when the temperature is taken less often than every four hours, preferably at 8, 12, 4 and 8. In early cases it is the rule for a tubercular temperature to rise a little above normal only towards the close of the day, so if it is taken less frequently this rise may be missed altogether. The course of a tubercular temperature is in fact so characteristic that at the dispensary when we are in doubt as to whether a case is slightly active or latent, we never give a decision until we have a temperature record for a few days. I would like to add here that if it is discovered that a person is running a slightly abnormal temperature every day for some weeks, and no cause is apparent, that person should be urged to have a thorough chest examination made in the hope that if tuberculosis is present it may be discovered in an early stage. Serious as it is at any time this seriousness but increases with each day's delay.

Then, with an understanding of the temperature, it is equally important that the nurse be able to teach her patient the part that rest and exercise play in the treatment. It is an accepted fact to-day that exercise in tuberculosis at the wrong time is always harmful, and what I would have you remember especially is the fact that except in very rare cases no exercise should be attempted until the temperature has been running normal for at least a week, and until the pulse rate is under 100 per minute. This to my mind is so important that I would like to repeat it; and to add that any other method will almost invariably either greatly increase the time that the treatment is necessary or change a hopeful into a hopeless case. Then when exercise is indicated this should be commenced very gradually and slowly increased week by week until after many weeks or months the patient is restored to his or her optimum working capacity. This latter should be decided by the physician, and during this time of gradually increasing exercise, the rule still applies of no exercise if temperature goes above 98.6 or pulse above 100 per minute.

But in using the term "rest" it may be wise for me to explain just what that word means; for the general idea of its meaning, strange to say, is very hazy. The majority seem to think it means to quit work and lie around the house most of the day, going for a stroll at some part of the day, and being on hand when callers arrive. Nothing could be farther from the meaning of rest. It means for the patient to go to bed and remain there patiently day after day, avoiding excitement (and callers come under this head) and not even reading if it affects the temperature harmfully. This should be continued as long as there is an abnormal temperature or a pulse above 100, even if the patient says he never felt better in his life. There is a deep-rooted idea in the public mind that if a patient adopts such a course he will get weaker every day, but every sanatorium for early cases is proving over and over again the fallacy of this belief. The only time when it does not matter whether a patient running a temperature does not remain in bed is when that patient is so weak he cannot do otherwise, for then his case is hopeless.

Further I would say with regard to exercise, that, contrary to the general opinion, driving should not be the first exercise attempted. In fact it should not be attempted at all until the patient has become able to walk a considerable distance. One reason for this is that the vibration is harmful, a second is that it is so easy to continue driving to the point of fatigue, and the third and most important is that exercise of the patient's own muscles is beneficial both in restoring tone to the muscles, and in producing an auto-inoculation which hastens the healing process in the lungs.

Another matter following naturally after exercise, that should be under-

stood is that of fatigue. This in fact is one of the earliest symptoms of tuberculosis. For the normal person a proper amount of fatigue after exercise or work is normal and healthful, but where one is over-fatigued from very little exercise, and where the night of rest does not overcome the fatigue, this condition continuing day after day, the possibility of tuberculosis being the cause should always be considered. And again if your patient is going about fatigued you can almost take it as a rule that he is doing badly. An abnormal temperature during a course of gradually increasing exercise tells you to stop all exercise for that particular day.

If you, as a nurse, thoroughly understand this disease, you will be able to educate your patient (for the consumptive should always receive this education) in such a manner, that he should not only grow well again, but also remain well. He will understand how the cure has been effected and will perceive that his future health is dependent upon careful rational living throughout the remainder of his days. Dissipation, or reckless, or even too strenuous living must have no part in the future life of a cured case of tuberculosis, and unless the persons responsible for the treatment of these cases, succeed in instilling these ideas deep into their minds they have come far short of fulfilling their whole duty.

My words have had special reference to the nurse who goes out to take charge of special cases, and as these are usually among the well-to-do are comparatively rare. It must ever be remembered that tuberculosis is especially a disease of poverty and the nurse who would give her time especially to tuberculosis work must come in contact with the people below the poverty line. But to do this the nurse should live, not more poorly but better than the ordinary nurse does, and I predict that when cities and municipalities and the general public come to realize the tremendous drain on their resources as a result of loss from this disease, each municipality will supply several trained nurses for this work alone, and at remunerative wages. Such a scheme would not be a further drain on the treasury, but would greatly reduce the present drain, and I believe this will very soon be realized.

In that day the nurses chosen will undoubtedly be those who have had the best all-round training, and who are best fitted by education and by social qualities to go into the homes of the poor who are afflicted with tuberculosis. She would need to go to her work with a heart full of sympathy for suffering humanity, and her work would be judged by the success she had in inducing these people to carry out her instructions. This would be a work for broad-minded nurses of high ideals and it seems to me it would correspond very closely to the ideals with which most nurses began their training.

In the meantime if nurses undertake to care for cases of tuberculosis with this understanding of the disease, there is a social work for them which they are in duty bound to carry out; and which is only partly carried out when they see to it that their patient no longer is a source of infection to his household. This is important, but just as important is the duty of seeing to it that no other early cases go unrecognized. Let me here remind you that the proper time to diagnose tuberculosis is not after you can find the germs in the sputum. The disease may be there months before there is either any sputum or a cough, and the only signs may be a little loss in weight, slight anaemia, more than a normal fatigue, and a slightly abnormal temperature. In fact the opinion of workers in tuberculosis is growing stronger day by day that there are two outstanding factors in the tuberculosis problem.

One is that the active adult case of tuberculosis with germs in the sputum, must not be allowed to infect others, and the other is that the most vulnerable period of life is in early childhood. Indeed, many believe that the great majority of our active cases of to-day received the infection which first set up their disease while they were yet young children.

Thus you can see the need—nay, the duty—of suspecting that every child in the home of your patient, if he is an advanced case, may be already infected. By inducing another inmate in this home who presents suspicious symptoms to be examined while the disease is still early you do two things for him. You greatly increase his chance of recovery, and you may save him from becoming an active case that thus becomes a source of infection to others.

I have prepared this paper with these two ideas in mind and shall be well satisfied if you realize that in this way you can even now in private nursing have a part in this great work of social reform.

The Mountain Sanatorium.

JOINT MEETING.

Friday, May 24th, 8 o'clock p.m. Y. W. C.A. Hall.

Mr. T. H. Pratt, Chairman of the Board of Governors, City Hospital, occupied the chair.

Meeting was opened by prayer offered by Rev. Dr. Drummond.

Mr. Pratt—I understand that the Mayor and also our Medical Superintendent, Dr. Langwill, has welcomed you to our city. On behalf of our Board—it may be a little late—I welcome you to the City of Hamilton and to this Convention. I hope your stay will be pleasant and profitable. I am quite sure that your late President has been quite energetic in doing a lot of work and a lot of thinking on your behalf. Again I say we welcome you to our city and hope your stay will be very pleasant.

Mrs. P. D. Crerar—Mr. Chairman, Ladies,—I felt it quite a compliment to be asked to address you, for I know that you come from a great many parts of Canada and that you assemble here for a Convention that means a great deal, probably, for the good of humanity, certainly for the good of your own selves and your own development. I think that in all nursing the good of humanity is what you keep before you. Consequently, when I was asked by Miss Madden to address you this evening I felt that I could not speak about a better subject than the first woman who ever; according to history, thought about hospital work.

I want to carry you back, ladies, to 1207, the early part of the thirteenth century, in Hungary, to look at the birth of a beautiful young princess, the youngest daughter of King Andrew the Second of Hungary. She was christened Elizabeth. She was, according to all reports, a most beautiful and charming child, and they say in the old chronicles that she was a saint even then. As to that, we do not know any more than what the chroniclers tell us, but that she was beautiful must be acknowledged, and that she was a princess we know. She was bethrothed at the early age of 14 years to Prince Louis of Thurengia, a very appropriate union. She left her father's home in Hungary and went to this foreign court, and from that time on history begins to tell more about Princess Elizabeth of Hungary. She saw outside her husband's gate, as was to be seen outside the gates of the castles all through Germany, in fact, all through Europe, loathsome spectacles of lepers. Leprosy was at that time rampant throughout Europe. There seemed to be no means of combatting that terrible disease that was so well-known to be infectious. This beautiful young princess and her ladies, as they walked down from the Castle of Wartburg, continually had to pass by these poor lepers, who were put out on the streets to receive alms. Apparently there was no hope for them. They had to lie outside and die. Her heart was touched by their sufferings, and this young and beautiful girl devised a plan whereby they should erect at this Castle of Wartburg a Hospice containing 17 beds for these poor lepers, and she and her beautiful court ladies came down daily to dress the sores of these unfortunate people, and feed them. Her husband, who was a young cavalier, fond of hunting and so on, objected to the princess'

devotion to her alms-giving, and to her giving, as he said, of all his substance to keep up her Hospice. This old story in the Roman Catholic Church has been preserved in story and in painting. You will find in every country through Europe beautiful paintings of the old masters depicting the wonderful miracle of St. Elizabeth, and it always sets forth a beautiful young princess coming down the steps of a castle. Her lord and master, reining up his horse, sternly demanded what she had in her apron. She was carrying alms to her unfortunate lepers, and stood afraid, trembling, but the saints protected Elizabeth of Hungary, and when in obedience to her husband's command she opened her apron every picture shows that it contained nothing but beautiful roses.

This occurred, of course, in the thirteenth century, so that we cannot say if the story was authentic, but undoubtedly it has come down through all these centuries as being a legend of St. Elizabeth of Hungary. It goes on to say that her worldly husband, touched by the protection of the saints for his beautiful young wife, became equally a Christian and a good man, and when he died in 1227, leaving her a widow, he was called on his tomb "Louis the Saint." That shows the influence, at least in her own household, of St. Elizabeth of Hungary.

To go back to her outside work: for those ten years when she was a princess and had this money and power at her command, she must have worked unceasingly, for she only lived to be 24 years old and died four years after her husband was taken away, but in those your years she had by her example seen 70 hospices erected throughout Germany. That is the work of a very young woman who died young, and who was thought in those old days to be so worthy that Pope Gregory canonized her years after her death, because the people from all Germany came to kneel and pray at her tomb. Have any of us in our day heard of a princess (not even our sweet Princess Patricia, who is loved wherever she goes), who attained such wonderful power at the age of twenty-four?

We modern women think that we know everything. I know it is rather the idea of the age that they were rather poor things away back in the 14th century, but did any woman—Christabel Pankhurst or anybody else—change the whole thought of an empire, the whole thought of a continent, like St. Elizabeth of Hungary who died at twenty-four? No, not one! I will tell you why. Apart from everything else, she must have had a quality which you and I can have if we like, and by which we can sway thousands. John Oxenham knew all about electricity, but he said the greatest motive power in the world is well directed enthusiasm about anything that you take up. It is more potent even than this marvellous electricity which we hear and see so much about. Electricity has done wonders, I grant you, but it could not do what people who were enthusiastic have done. This young woman from 14 to 24 years of age started a campaign that has absolutely stamped out leprosy in Europe. You are all people who have worked in hospitals and know what I am talking about. I would like to know how many of you have seen lepers. (Three hands went up.) I have been told by doctors whom I have asked about leprosy that in England, when a case comes to a London hospital, they send round to the other hospitals to let them know, it is so rare. At the time Princess Elizabeth lived leprosy was rampant. Every person had a chance of getting it because those afflicted with it lay round in the streets, and it was a plague all through Europe. You open any history of that age and you will find that was the case; it was very common in England and everywhere else. It crept in principally, I believe, through the Crusades; so many of the men of England, Scotland and the other northern countries went to the Crusades and brought back this loathsome complaint. It raged particularly in Central Europe, and there it took root as a certain plague that I am going to speak of later takes hold of the brightest here.

Now, St. Elizabeth lived a great many years ago, and you will think that perhaps I have gone a long way back to give you a talk about her, but the reason that I am doing so is that I am going to express a wish that is very strong in my

heart, and that is, "Would to God that we had in Canada a St. Elizabeth." Because if we had a St. Elizabeth here, with all the conditions that she would have of modern sanitation, and the absolute immunity from infection which you with your modern knowledge can insure for yourselves, there is no limit to what a St. Elizabeth could do. You ladies in these modern days, who have all this aseptic treatment, all this care, all these preventives from infection will take in what faith St. Elizabeth of Hungary must have had when she went and washed the sores of those loathsome lepers without any of the things you have to help her in fighting disease. You will say to me, "She was a perfect fool to do it," and that is the modern idea. No, she was upheld by faith, stronger, I believe, than the faith that upholds many of us now. We are very much better educated, dear friends, than St. Elizabeth of Hungary, but we have not got that faith in the Providence that sees that not even a sparrow falls to the ground without His knowledge. She did it because she knew quite well it was what she should do and that she would be taken care of. I doubt if we have that simple faith that they had away back in the 13th century, but if you had that faith, plus the knowledge you have got, what could you not do—faith added to what you have. I think it would be the most tremendous power that any women's society can contemplate. You would say to yourselves, "I will take all due precautions, and, over and above that, I am guarded." It would be something so wonderful and so strong that there wouldn't be the least chance of any one of you turning away from a case that was even as awful and as loathsome as this that I speak of nursed with her own hands, and without any of the precautions that you would take now, and that is why I particularly feel that I wish I could raise up in Canada St. Elizabeth of Hungary and her band of devoted women.

I noticed last year, I think it was, that Dr. Adami, in speaking to the nurses, pointed out how the Roman Catholic Church, of which he is not a member any more than I am, had a tremendous chance to stamp out tuberculosis and other kindred infectious diseases in Quebec. He said, "Here we have a band of devoted women, Sisters of Mercy. They work simply for their board. They take care of all these cases of chronic diseases, and we have in Quebec a strong body of women who are working because of their faith." He showed that in Protestant parts of Canada there were women with the same strong faith, who could band themselves under a leader, if there was such a leader to be found, and could attempt the stamping out of tuberculosis through the incurable cases, which he maintains is the only way to stamp it out—to segregate the incurable cases. He said, "I would suggest that some good, strong woman come forward to devote herself to the noble work of establishing a Sisterhood for the cure of tuberculosis, in generous emulation of the work being done by her Catholic sisters." Surely this is a lifework that will appeal to our Canadian womanhood, a work that will spread and spread until it embraces all Protestant Canada. He ended his address by saying, "And who will come forward." I to-night, in speaking to you of St. Elizabeth of Hungary, echo that wish. Where can we find a St. Elizabeth of Hungary, a woman of such high ideals, with such great knowledge, love of humanity, that she will lead a devoted Sisterhood of people who will help to stamp out the disease that is so rampant in Canada—Tuberculosis. If we had a devoted woman like that, if we had devoted Sisterhoods of the Protestant religion —I know the Deaconesses do good work; they are fine women, too—but I mean the nurses who, for the love of God and humanity, will take their lives in their hands and with high ideals set themselves to do this for their country, just as St. Elizabeth of Hungary did. What I wish to say, friends, is this, that in Canada, this new country where we can stamp out things that are wrong and start things as they should be, we can absolutely, within the next quarter of a century, stamp out that dread complaint. Every book you read tells you it is possible. We want leaders, faith and the strongest of all things, the greatest power in the world, *enthusiasm!* Granted these things, I believe as I stand here that we can stamp out tuberculosis in Canada within a quarter of a century, with the appliances we

have, and, added to that, I hope and pray, the faith and the high ideals of St. Elizabeth of Hungary, who died aged 24 in 1231. (Applause.)

Miss Bowman's paper was read by Miss Brennan.

Miss Stewart's paper was read by Miss Crosby.

REGISTRATION.

By Miss C. M. Bowman, Superintendent General Hospital, Portage la Prairie, Manitoba.

I regret that I am unable to present this paper in person. In the Western Provinces, I believe I am voicing the opinion of the great majority of the Nurses, when I say that we are sadly in need of Registration. In the first place, it is a new country and there are numbers of nurses here who have migrated practically from all parts of the world, among them are those who have made failures in their own country, others who have spent a short time in a hospital, and think they will be able to make a success of nursing in a new country where they are not known. Some, no doubt, are without question graduates and do excellent work, others we do not know until there has been some damage done, and I speak from experience when I state that there are some nurses who have only had a partial training who come to the West and pass themselves off as Graduate Nurses, and charge their fees, and I grant you there are times when the doctors and the public as well, are almost glad to procure anyone who calls herself a nurse. Possibly these nurses happen to go to cases that do not call for skilled nursing, and all goes well with them for a time, until they strike some difficult case that will require genuine skill, and they cannot meet the emergency and the consequence will invariably be they will cast a reflection on the Graduate Nurse, and as we stand at present, we have nothing to prove that we are not in the same class. I realize that the Graduate Nurse must be protected, at the same time I feel strongly that the middle classes who cannot afford a Graudate Nurse should be provided for, and intelligently. Of course, I hear someone say, these people can be provided for in hospitals, but it is not always convenient for these people to leave their own homes. And when we think of the fees, why it is out of the question entirely for the middle classes; indeed, in many cases the nurse's fee would amount to more than the head of the house is earning. Surely a trained nurse would, indeed, be a luxury for these people. The question of registration must be considered from many standpoints. Some nurses have said to me, "What have I to gain by registration? I have all the work I can do." One point to be gained is this. Why should a young woman of education, refinement and ability spend the best three years of her life not only doing brain work, but actual manual labor and practically have nothing to show for it but a diploma and medal. I grant you it has its value, but why should we not have university recognition and allow them to confer the degree of R. N. Surely we are entitled to this, even the schools of Domestic Science are affiliated, and they have their degree from the university, and why should not a nurse have hers, provided she has passed the prescribed examination?

But before we procure legislation there are many questions to be considered, what consideration must the graduate of a small hospital have, and what standard must the future graduates have.

The Western Provinces cannot possibly get along without their Cottage Hospitals. They are absolutely necessary. But the question arises, are the graduates from these hospitals to be eligible for the R. N. degree, and is it fair to them, and to the public as well, to send them out as graduate nurses with only a meagre idea of nursing, and it is not their fault, for it is impossible for them to gain experience when they cannot see the cases, and I feel strongly that it is our duty before we obtain legislation, to work out some scheme whereby the nurse will not be the loser, and also that the hospitals will be benefitted as well.

In some of the smaller hospitals, possibly, there will be only two or three nurses in training and one or two doctors to give the full course of lectures, and it is only reasonable that these doctors are scarcely to be expected to give the full course in theory, and the practical side of many subjects will of necessity have to be neglected. I claim there is nothing like theory combined with actual experience in the hospital.

To my mind, the greatest problem to be solved is, what standard will make a nurse eligible for R. N.? The size of the hospital must be decided, and it should be a General one, taking in all patients and giving training in all the different branches of nursing and where these subjects are not taught, they should be affiliated with a larger hospital.

If a small hospital graduate is not eligible for the R. N. degree, what is the future of a small hospital? It is difficult enough now to procure probationers, and what would it be if there was nothing to be gained after three years training but a diploma and medal and not qualified to register as an R. N. Why the result would surely be, it would be impossible to get probationers, and the Training School would die a natural death, and the final outcome would mean either close the hospital door, or employ graduates, and, as I said before, the West cannot get along without the cottage or smaller hospital.

I claim that no hospital should attempt to maintain a training school, and send out Graduate Nurses if it cannot meet the requirements or arrange to affiliate with other hospitals that will provide fully for what has been lacking in their own school, therefore, you will see the necessity of having some definite standard, and this standard must be decided before the question of registration can possibly be settled, I believe the question of affiliation is a very serious one, for there are many disadvantages, as well as advantages, and it will have to be thought out and considered carefully.

Advantages of affiliation first to the nurse herself, she would have a larger experience, a nurse in training could take two and one-half years in her own hospital and six months in the large hospital, but, of course, that would have to be decided according to the needs of the smaller hospital or she could take her affiliated training in the middle of the term, by that means she would be more valuable to her own school, returning no doubt with many new ideas that it would be impossible to obtain elsewhere.

To my mind it would be next to impossible for any nurse to be qualified, say for surgical work without experience in the O. R., and she may read asepsis and antiseptics and think she understands it thoroughly, but what would we find without the practical side? The same in obsteterics, and, I believe, in fact know, that there are some hospitals which do not give a training in all departments of the work, and is it right to graduate these nurses and send them out on an unsuspecting public to gain experience regardless of the result. Affiliation is the only thing for the small hospital if they desire that their graduates be eligible for registration. No question it would be a great advantage to the smaller hospital, the training school would continue to exist, and their nurses graduating would be a credit to their school, and it would be more economical than supplying graduates to do all the nursing.

A Superintendent of a small hospital is, as a rule, a very busy woman, and she does not have the time to do the teaching as it ought to be done, and a great deal is left to the doctors, and their plea invariably is, "I am too busy," or "I have a call to the country," and we can't expect too much of them, when, probably, as I said before, two doctors have to give the full course, and we all know that it takes considerable time, and we could scarcely blame them if they object. On the other hand, the nurse of necessity must be the loser, and the question arises, how can these matters be adjusted, to the best advantage to the nurse and to the hospital? I believe the only solution of the problem will be the abolishment of the small training school, or affiliation. I may state that in Saskatchewan they have a law that I believe came into force the beginning of this year, and the

small training school has been abandoned entirely; so they have not the same difficulty as the other Provinces. There are certain requirements before organizing a training school. They must have accommodation for thirty beds, admission of twenty patients per month, four resident doctors within a radius of one mile from the hospital, and not less than two graduate nurses employed, one-tenth of their bed capacity for obsteterics, and the same provision made for infectious diseases, and tubercular cases. One could scarcely expect two or three doctors to give the same number of lectures that possibly in a large hospital is given by twelve or fifteen doctors. When one considers it all, is it not true that a graduate nurse from a small hospital is handicapped in many ways. I grant you, she may be able to do private work equal to any, but she cannot be fitted for institutional life, for she has not had the experience, but with affiliation she would gain this experience which would be of untold value to her.

On the other hand, we have the disadvantages of affiliation. What would be the choice of one Superintendent, might not be the choice of another, and the smaller schools are often obliged to take on an inferior young lady especially in the line of education, and the question arises, would she prove herself equal to the occasion? We must continue to keep the standard high, and it would be a continuous strain on the part of the Superintendent to keep her during the affiliated course, even though in her opinion she felt that she was incompetent, but she would not have the power to refuse her after being a pupil in a small training school: then if we have affiliation who will pay travelling expenses, salaries, etc.? The nurse would not be expected to pay her own, but who would?

A great deal of the success will depend on the nurse herself, but I feel sure that many going into the larger hospitals would be like teaching probationers, and, on the other hand, some might adapt themselves very quickly to circumstances.

If we have affiliation we must have a uniform curriculum, and an examining board or training school inspection, and not each hospital setting their own examinations. What subjects are to be taught each year would need to be defined. One can readily understand what confusion it would be for the Superintendent not to know what the affiliated nurse had been taught.

Then we must look at this from the standpoint of the small hospital. If we limit the number of beds and legislate that they must not train nurses; or if there is no law to prevent them from training nurses, except that they will not be able to write R. N. after their name, in a very short time these schools would cease to exist, for they would not be able to procure probationers, as there are few young ladies who would care to take a training, and then at the end not be able to register. They would be able to nurse, but not as a registered nurse, and this would almost compel them by force of circumstances to abolish the training school and employ graduate nurses or affiliate.

Then there is the financial end of the small hospital to consider, for on the whole the majority cannot now meet the expenses, and now where it costs them possibly not more than eight dollars per month for a nurse in training it will cost them from forty to fifty dollars per month for a graduate. A graduate might be able to do more work, but that would not meet the extra expense entailed. For my part, I cannot see how it could possibly be arranged that the graduates of the smaller hospitals could possibly write R. N. after their names without affiliation for they would not be qualified.

The Registration Bill, if passed, will make grades in the profession, first, there will be those eligible to register, those who try to register and fail, and the grade of graduates from non-eligible schools. Now these grades without rgistration do not exist; but in the event of us obtaining registration, it is not our object to prevent those nurses from earning their living in the profession. The only thing we want is the nurses who are eligible desire this recognition by law. No doubt the registered nurse would, and justly so, expect a higher salary,

but that would have nothing to do with fixing the rate of non-eligibles. Higher acquirements always call for higher salary.

Just a word, before closing this paper, regarding the selection of probationers. If we are to have affiliation the Superintendents of affiliated schools will need to be very judicious in their choice of the probationers, for the success will depend largely upon the nurse herself, and if a nurse has not all the qualifications necessary, and, particularly, I might mention the education, affiliation will be of no value whatever either to the nurse herself or to the schools.

Miss Stewart says:—"I should like the Nurses' Association of Ontario to know that I appreciate greatly the fact that they have asked me to take part in this Annual Meeting. Though I have been working in New York for a few years, I am very deeply interested in nursing affairs in Canada—indeed, I never can feel that there is any international boundary separating the nurses of the two countries, for so many of our prominent women here are Canadians, and all that anyone contributes is bound to affect nursing interests in both countries.

"Had the meeting been a week later, I would have been with you in Hamilton."

NEWER BRANCHES OF NURSING.

By Miss J. M. Stewart, Department of Nursing and Health, Teachers' College, Columbia University, New York.

We are too close to the events of our time, and too deep in the many perplexing problems that our work presents, to realize fully the significance of many of the issues and tendencies in nursing to-day. It is only by looking backward, and viewing the astonishing developments of the last few decades, that we get any idea of the ground we have covered and the very rapid pace at which we are travelling.

We need not go back to primitive nursing, or to the care of the sick in ancient and medieval times, to get a clear picture of the advances of modern nursing. We need only recall that fifty years ago such hospitals as there were in England and America were most of them hot-beds of pestilence, inconceivably filthy and unsanitary, badly organized and inefficiently administered. Such nursing as they had was for the most part by unintelligent and very often vulgar and immoral women. The care of the sick, especially in public institutions, was a pretty sordid and inhuman business; the mortality rate was very high, and it is small wonder that people begged to be allowed to die in the streets rather than be taken to the hospitals of those days.

Things have changed rather considerably in the last thirty or forty years. As a result of Florence Nightingale's work in England, the first training schools for nurses began to be established in Canada and the United States about 1872. Here, as in the older countries, there was of course a deep-rooted prejudice against the new order. A great many people protested against the "lady" nurses, and even the majority of physicians professed themselves absolutely satisfied with things as they were. In spite of all opposition, however, the schools made rapid headway, municipal and philanthropical institutions for the care of the sick multiplied and flourished, and the professional nurse began to be an accepted and, in time, almost an essential factor in the public and private care of the sick.

We cannot ascribe all the remarkable changes of the next ten years to improvements in the nursing service, though it is difficult to imagine how all the sanitary reforms, housekeeping improvements and humane measures—even the brilliant achievements of medicine and surgery—could ever have been accomplished without an efficient and intelligent nursing staff. In a

recent book describing the conquests of modern surgery, Dr. Saleeby gives equal honor to Lister, the father of antiseptic surgery, and Florence Nightingale, the mother of modern nursing, for the revolution which has been accomplished in this field and in the related fields of contagious diseases and midwifery. It is a debt not always acknowledged, and Dr. Saleeby's graceful tribute will be much appreciated by nurses everywhere.

But the little seedling of Florence Nightingale's planting, would have had a very short span of life had it not been lovingly tendered and watched over in those earlier precarious years. In spite of influences tending to restrict its growth and warp it in one direction and another, it shot up straight and strong. There were only four branches of nursing in those days—army nursing, first of all (though it almost died out in the years of comparative peace that followed), regular hospital service, private nursing and district nursing. The stronger and more ambitious of the pioneer nurses became superintendents of nurses in the new training schools that were being established all over the country. Many occupied other executive positions in hospitals, while the rank and file became private nurses. Here and there a specially devoted one consecrated herself to mission work among the poor. Even ten or fifteen years ago, district nursing was regarded as a new kind of sisterhood, demanding such unusual endowments of grace and religious zeal, that only the elect could hope to qualify. I remember one ardent and impulsive young woman who was always yearning for "experiences," suggesting district nursing as a possible field of work, and being promptly told by her classmates that she was not good enough to nurse the poor. It was only in the larger centres that such organizations as the Henry Street Nurses' Settlement had begun to show the essentially practical and social nature of this kind of service, and to establish it upon a systematic basis.

This was the period of organization and solid growth. Under the leadership of a few strong women, nurses got together, studied their common problems, fought their battles, and learned to stand together in support of their common ideals. Little by little a system of education began to be formulated, a beginning was made in a nursing literature, and out of all the scattered elements working up more or less blindly in different lands, a profession began to emerge.

Scarcely had we begun to get solidly rooted and established as an organized profession, when the period of rapid and almost sensational expansion began to set in. To number and describe all the various lines of work into which nurses now enter, would be almost a hopeless task. What I will try to do is simply to show the main outgrowths from those four original branches, and to indicate, if I can, some of the forces which have helped to determine their direction, and direct their development.

Army nursing we will merely touch in pasisng, because we trust the time will soon come when there will be very little need for the army nurse as such. Gratifying changes in the organization and status of nurses in army and navy hospitals have been developed recently, and here in Canada, I under stand, a volunteer corps for service in event of war, is under process of organization. The Red Cross, which has always been so closely associated with war, is now extending its activities in many other directions. Under the new system of organization in the United States, there will be an army of volunteer nurses in every state, trained and ready for emergencies of fire, flood, industrial accidents, epidemics, and such local, national or international disasters. There will also be a body of nurses trained and maintained by the Red Cross Society for steady service in rural districts, and out-of-the-way settlements, for preventive and educational work, as well as nursing in the homes. It is expected that the service will be established on much the same system as the army corps, and that a large number of nurses will in time be needed as privates in the regular service, and as supervisors and organizers of the force.

Hospital and private nursing have changed a good deal in recent years, both in the character of the duties performed and the scope of the work itself. These changes have come about mainly through developments within the field of modern medicine. Physical and natural methods of treatment are supplanting drug treatment in many diseases. There is an increased elaboration in the technique of diagnosis, and a new emphasis on the treatment of psychic conditions. Surgery has become a large special field, where the nurses' services are almost essential. As less and less dependence is put on drugs, more dependence is being put on good nursing and hygienic measures. Anybody can administer medicines, but it takes a very intelligent and experienced person to manage a rest cure. So, with the increase in nervous and mental disorders, the more specialized feeding care required in nutritive disturbances, especially among children, the nursing of tuberculosis, of fevers, and other special conditions, there is an increasing demand not only for professional nurses, but for nursing specialists in these different fields. The highly trained, thoroughly equipped private nurse was never more in demand than she is at present, whatever may be said in praise of the good old general servant type of the older school.

Not only is better nursing demanded, but with the increased elaboration of technique in clinical diagnosis, more and more of the routine examinations and tests are being turned over to the office nurse and the nurse on private duty. Many physicians are too busy to attend to urine tests, bacteriological examinations, and other routine laboratory work, and the training of the nurse must now include some of these commoner diagnostic procedures. Nurses have not sought these added duties and responsibilities, they have been thrust upon them. The time was not so very long ago when the clinical thermometer was considered much too complicated an instrument to trust in the hands of a nurse. It was argued, that if the nurse learned to take temperatures she would inevitably become a cheap physician. The same note of alarm is heard when nurses are found to be taking blood-pressures, doing blood counts, and manipulating stomach tubes. Though we all vehemently declare that nursing is not at all the same thing as medicine, and that the nurse never should and, indeed, never wants to, diagnose or treat disease, we must admit that with the multiplication of all these semi-medical procedures, it is increasingly difficult to define just what her field really is. She is called the extended hands of the physician, the private soldier in the medical army, the tool or machine through which the physicians' orders are executed, and many other metaphorical titles, more or less derogatory and misleading. We ourselves are not always sure just where we stand in relation to medicine.

It seems to me that we must recognize two or three distinct functions of our modern hospital and private nurse. First of all, she represents just as distinct a branch of medical science and art, as is dentistry and pharmacy and surgery. The physician is not a nurse, any more than the nurse is a physician. He prescribes nursing as a therapeutic measure, just as he would prescribe massage or electricity. This nursing art, which has been mainly worked out by nurses themselves, has its own clearly-defined principles, and should have its own standardized technique, though much that is strongest in it can never be standardized or defined.

But the nurse acts also in the capacity of laboratory assistant to the physician. As medicine gets farther away from the old cut-and-dry empiricism, and relies more on acute observation of the reactions in the individual patient, every treatment becomes a scientific experiment, the details of which can never be absolutely foretold. The nurse, who is to be a real co-operator in these delicate experiments, must bring more than a pair of willing hands to do the doctor's bidding. She must bring an alert and trained intelligence to carry out the tests which he initiates, to keep all the surrounding conditions

favorable, to guard over the crucible in his absence, to report and record all the changes which take place, and to do the right thing promptly and intelligently when a crisis occurs.

This conception of the nurse's function is becoming far more common among thoughtful physicians, and they look for such co-operation not among the uneducated, undertrained, more or less mechanical workers, but among those who have trained brains and consciences as well as skilled hands. It takes a woman with a fine sense of responsibility and balanced judgment, to discriminate between essentials and non-essentials, and to know where she must stop short and where she may safely act in the commonest emergencies—indeed, to know when an emergency occurs. No rule can tell her and no routine directions suffice for all conditions. It will be found, too, that it is not the scientifically trained assistant who takes it upon herself to suggest measures and initiate new procedures. She knows that she has not the special training for that particular kind of job, and she leaves diagnosis and treatment to the specialist in those lines. In the Rockefeller Hospital in New York, where the most important investigations are always in progress, they employ only graduate nurses, and these are carefully selected from the most expert and scientifically trained women they can find. One thing is certain,—nursing raised to the Nth degree of efficiency can never become medicine or surgery. It becomes something which we have reason to claim is of probably equal, though different value,—thoroughly good nursing.

This leads us to some other branches that do overlap the field of the regular medical practitioner somewhat. In the hospitals and in office practice nurses are acting as surgeons' assistants, and especially in the last few years as administrators of anaesthetics. Even in the conservative East many of the large hospitals are now employing resident nurse anaesthetists with satisfactory results. Nurses are also qualifying themselves to operate electrical and x-ray machines, to give the various light treatments, and to manipulate the different types of orthopedic and mechanical apparatus used in the physical treatment of disease. In none of these fields is there a very large demand, but the fact that an increasing number of nurses are always to be found doing this kind of work, is rather significant. I am inclined to think that where there is no special or urgent need, and no demand except for a cheaper service, we should resist rather than encourage those new activities that lead the nurse away from her own special field, where there is so much need for her. There is one thing absolutely certain, no nurse is ethically or morally justified in undertaking responsiblities for which she has not had adequate preparation, and for which she is not personally responsible. If we are to remain in these fields of medical practice, a standardized training should be made compulsory, and legal recognition demanded.

Midwifery is one branch of medicine where there seems to be a special call for the nurse. She is after all taking up the work which originally belonged to her, and which in many countries is still considered to be peculiarly a woman's work. With the menace of the ignorant foreign midwife, who still reports from 50% to 60% of all births in American cities, and in the face of the prejudices of the foreign people against men obstetricians, it seems to be almost a duty for nurses who work among the poor, to qualify as practicing midwives for normal cases. In England, where many of the best class of nurses take the training in midwifery, the whole tone of this work is being raised, and an excellent and safe service is given in families where the services of a good physician cannot be procured. All midwives are registered, and nurse inspectors are employed to teach the more ignorant women and to supervise their work. Statistics show that where this system is established the mortality rate of mothers and babies has been greatly reduced, physicians are called in far more frequently in abnormal cases, and so instead of competing with regular medical practitioners there is a better appreciation of their services and more co-operation than before. It

looks as though such a system might be followed in the American cities very soon. Already Bellevue has established a school for midwives and the results so far seem to be hopeful. The next thing is for nurses to be ready to become inspectors and instructors in the field, even if they do not take up the work in the homes.

We come now to the third great branch—hospital and training school work. The greater opportunity for initiative and leadership here continues to attract women of executive and administrative ability and powerful personality. These positions offer more opportunity for advancement, and higher salaries than any other type of nursing work. In 50% of the hospitals of New York State the Superintendent of the hospital is a nurse. Usually she is principal of the training school as well. Practically all the small hospitals throughout the country are managed by nurses, and in a few cases larger hospitals are administered by them. Executive positions as assistant and night superintendent, supervisor, head nurse, housekeeper, dietitian, etc., are largely filled by nurses. In one or two schools, one officer is employed whose exclusive duty is to look after sick nurses, and it is becoming customary to employ a nurse as matron of the nurses' home.

The possibilities in this old field of administration, have never been worked out. We are just beginning dimly to see the waste of effort and the loss of efficiency (to say nothing of squandered finances), which has been going on in our hospitals under the most conscientious management. Mr. Frank Gilbreth, who has been associated with Frederick Taylor in the new movement known as scientific management, has been making some most interesting investigations in connection with business efficiency in many kinds of institutions. He tells us that from the standpoint of scientific management, hospitals are the most mismanaged institutions he has ever looked into. Whatever exaggeration there may be in this criticism, we are bound to admit that we do not begin to measure up to factories and commercial enterprises, in the general efficiency and economy of our service. We must set ourselves to standardize and measure not only the dietary and laundry and housekeeping service, but the medical and nursing services, and to reorganize and readjust many of our very antiquated and complicated relationships, in the light of these new discoveries. We ought to be able to give the public 100% better service for the same expenditure, and to do it without grossly overworking our employees and staff as we do now. That is what scientific management aims to accomplish, and it will inevitably come. Specialists in hospital construction are also beginning to utilize and value the suggestions which come from nurses of experience and good constructive ability. Nurses who are far-sighted enough to get into these new movements, will render our hospitals and training schools a great service, and will find a very attractive and highly remunerative occupation awaiting them.

Just as medicine and nursing suffer from their various entanglements, so the yoking up together of the hospital and training school constantly leads to confusion and misunderstanding. There is no doubt that the educational and administrative phases of the Superintendent's work should be more clearly differentiated, but this is very difficult where the same officer occupies the position of Superintendent of the hospital and principal of the training school. With possibly only one assistant, she cannot measure up to all the duties expected of her, especially with the increasing demand for more theoretical work, and the recognized need for better teaching in the schools. In a very few hospitals a special instructor is now employed who spends her whole time in arranging courses of study and teaching. Such a position is equivalent to an instructorship in a high school or college, and requires an equally good preparation. We cannot expect physicians to do voluntary teaching for us, except in the case of a few special lecture courses. The tendency in the better schools is to employ a special instructor to handle most of the regular teaching in house-

wifery, chemistry, bacteriology, anatomy and physiology, hygiene, massage, and the various branches of medical and surgical nursing, while medical and surgical diseases, and possibly materia medica are taught by paid medical lecturers. The trained dietitian usually teaches cooking.

The probationer's instructor is a slightly different type of teacher. She is given charge of the various groups of probationers on their arrival, teaches them most of their theoretical and practical work, supervises them on the wards, and generally guides them from the devious paths and pitfalls that so often beset the feet of the unwary "**pro**" Surely the neophyte who enters her period of trial fortified by the companionship of a score or so of other probationers as fresh (and forlorn) as herself, welcomed by a special officer, and after weeks of coaching, gently initiated into the mysteries of beds and bath rooms, and ward etiquette—little needs our commiseration. Of course there are always severe officials who are disposed to ascribe all the weak knees and flabby spines to be found in our schools at the present day to this incubation method of rearing probationers. But from the standpoint of pedagogy and preventive medicine, as well as common humanity, the preparatory course is a great step in advance, and the probationer's instructor is here to stay till we find a better way of giving our students the fundamental preparation which they need for entering their professional work. The nursing school of our dreams will surely come some day. Even now affiliations are established with six or seven different universities for the teaching of the scientific and technical branches. In one at least of these universities (Minnesota), the hospital is part of the university, and the nurses graduate with the other students and share in all the social and academic privileges of college life. I understand that some such plan has been contemplated in Toronto under the new organization there, and I have the assurance of one member of a university council in Western Canada that such a scheme of affiliation has been favorably considered by that body, though no definite action has been taken in the matter. If we only had more faith we could bring in that era of nursing education almost any day, for the time is ripe and all the recent agitation about technical education has opened people's minds to the necessity of higher education for all our professions and skilled occupations.

Then we will want highly trained organizers and teachers, and we will not know where to find them. We need them even now, and you will, perhaps, be surprised to know that there is far more demand for the right kind of educated, competent, trained, teachers and Superintendents to fill important positions, than we can supply. The Department of Nursing and Health at Teachers' College was organized to help in training for just such positions, and though a larger number of students enter each year, the supply is still very inadequate, when the needs are considered.

There is another field for the nurse teacher which is on the horizon. Home nursing and first aid, is being taught pretty generally nowadays in connection with the Domestic Art and Home Economics courses in the technical high schools and colleges. The work has not developed as it should, owing to the lack of qualified teachers. Of course every one admits that a nurse is the logical one to do this teaching, but it is hard to get the right women, and unless we get the right women, it is hard to get the special appropriation to pay for a new type of work. A principal in one of the prominent New York high schools for girls told me the other day that if we could convince school boards of the real need for this kind of work, and could provide trained teachers to teach it, he had no doubt it could be introduced as an elective course into high schools with very little trouble. Think what an opportunity that would be, to reach and influence high school girls, to prepare them, not only for home life, but to interest them in nursing as a profession. We lament the scarcity of candidates, and the low educational standards that we are compelled to accept in

our nursing schools, but we have not yet begun to utilize the free educational forces at our disposal, and to influence the type of people we want.

Resident nurses are also needed in private schools and college dormitories, to advise and care for the students, and, in some places, to teach practical hygiene. In two or three cities, a nurse is employed to teach school children about tuberculosis. The whole question of the teaching of sex hygiene to school children, girls' clubs, etc., is now being freely discussed, and here again the tactful, capable nurse has shown herself to have many qualifications for that very difficult kind of teaching.

Important as all the developments are in the administrative and technical and educational phases of nursing, it is not in any of these branches that the most rapid growth is to be noted. The nursing of the poor and sick in their own homes, is as old as the deaconesses of the early Christian church, and there is a long and honorable history of such devoted service, both in religious and secular orders. But district or visiting nursing, as we understand it, was a very exceptional line of activity even fifteen or twenty years ago. Within that time the work has extended into almost every city and town, and into almost every civilized country. Rural districts are now being included in the service of some of the district organizations, such as the Queen's Nurses, the Victorian Order and the Red Cross. The Holman Association has been organized for nursing among the mountain whites of North Carolina, and Dr. Grenfel's Association for work among the fishermen at Labrador.

But the geographical extension alone gives little idea of the importance of this work. Out of it has grown such new movements as school nursing, tuberculosis nursing, infant welfare work, insurance nursing, and other specialized forms of social and sanitary service. Municipal and civic authorities are beginning to employ nurses in public health work in greatly increasing numbers. In New York City the staff of school nurses has been doubled within the last year —about three hundred school nurses now being employed and about one hundred and fifty tuberculosis nurses. Other cities have made proportionately large increases. Business organizations, such as factories and department stores, are employing nurses to look after the health of their employees; insurance companies are utilizing the visiting nurse associations as a means of preventing long and serious illnesses among policy-holding workmen; charity organization societies employ nurses to help restore wage-earners to efficiency, and prevent that dependence that so often comes from illness; churches and benevolent societies employ nurses as a practical means of showing sympathy and good fellowship. Societies for the prevention of blindness, infant mortality, tuberculosis, etc., place increasing reliance on the nurse both as organizer and teacher.

The range of these activities shows the change that has taken place in the character of the district nurses' work. Although she still cares for sick people in their beds, does routine treatment, and carries out the instructions of the physician in attendance, the largest part of her work may be, not doing, but instructing, not curing, but preventing illness. She is as much the assistant of the social worker and the educationalist and the philanthropist as of the physician, and in many cases it is she who initiates and they who co-operate. We have to thank such nurses as Miss Wald, of the Henry Street Settlement, New York, for many of the social and sanitary and industrial reforms that have spread broadcast over the country—school nursing, tuberculosis nursing, insurance nursing, the playground movement, and others.

Knowing the conditions in the homes as she does, keeping in close touch with the people, the district nurse becomes the reporter and interpreter of their needs, and the most effective kind of witness against social and civic injustice. But she is more than this. In spite of all the brilliant scientific and sanitary achievements of these progressive days, the rank and file of the people are still

hopelessly ignorant of the commonest rules of health preservation. It matters little how skilled our physicians are, and how wise our sanitarians, if the individual mother does not know how to feed and care for her children, the death rate of babies will still keep as high as ever. Somewhere in the chain of public defences, there must be some one who can interpret and apply all this highly specialized grist from the mills of science, to the needs of the individual home. People must not only be told, they must be taught. Florence Nightingale long ago said, "The only word that sticks is the word that follows work." The best nurses have always been health-teachers, consciously or unconsciously, and that is why their work has counted for so much. Specialists tell us that if tuberculosis is to be stamped out and contagious diseases reduced, that if the infant death rate is to be lowered and school children are to grow up healthy and strong, it will be largely through this house to house instruction which is being done by nurses.

Nurses are becoming also sanitary inspectors in factories and tenements, playground instructors, probation officers—even police matrons. They are working in schools for defectives, in reformatories, in clinics and day camps, in day nurseries, in board of health laboratories, in lumber camps, in all kinds of clubs and settlements. Wherever a new kind of fight is being put up against disease, or a new kind of charity is launched, you will find a demand for nurses. We are really becoming so embarrassingly popular that it is hard for us to preserve our native modesty. If we could only measure up to our wonderful opportunities!

Miss Wald calculates that there are between twenty-five hundred and three thousand nurses now engaged in the various branches of public health nursing in the United States. With the present rate of increase, that number will be doubled in a very few years. The recent endowment of the Nursing and Health Department at Columbia University was intended to prepare organizers and teachers for these various branches of district nursing work. So far the demand has far exceeded the supply, and indeed for certain important posts of great opportunity and responsibility, there seemed absolutely no one available who possessed the training and qualifications necessary. There is no doubt that if we fail to measure up to all these new demands the work will inevitably fall to other types of workers. Our work, while it is so much appreciated, is still under searching criticism. There are already signs of some attempts to train women who will take the place of nurses in some of these branches of social work, women who have what we so often lack—thorough training in the sciences, both social and biological, that underly our work, but so far competition has not been greatly felt.

I have sketched out a few of the newer branches of nursing, and tried to show the directions in which we are growing. It is a perfectly natural and inevitable growth, forced a little, perhaps, by powerful influences in the world at large—the new interpretation of charity, the new emphasis on social duties and responsibilities, the awakening of the civic conscience in matters of health, and the sweep of the new preventive movement both in medicine and philanthropy. Far as we may seem to have wandered, from our old sphere of duty, we have not covered any wider a territory than Florence Nightingale staked out and claimed for us. The germ of all this preventive and social work was in the seed which she planted, and we don't even yet begin to unfold all the possibilities hidden in that saying of hers—"Nursing is helping people to live."

Sometimes the demands and responsibilities of all these new duties and obligations, threaten to overwhelm us, but the enlargement of vision which comes with a wider range of activities, the almost unlimited opportunities for service that are opening up, and the new consciousness of our worth and dignity as a profession, ought to give us courage and determination to make

good. We all feel the lack of adequate preparation, but that can be overcome to some extent by study, by reading, and, perhaps, better than all, by getting away from our own contracted field to see what other people are doing.

I cannot leave the subject without saying one word more about nursing education. These changes which have been outlined, have altered the outlook for every nurse who graduates from our hospitals, and yet most of the schools are going on training nurses as if private duty and routine hospital work still comprise the whole nursing field. Any woman who wants to measure up to the modern demands in administrative, educational, social, and public health activities, is practically compelled to supplement the hospital training, not only with additional practice and experience, but with a good deal of scientific study which ought to have been included in her training. Even in private duty, as many of you know, the average training school preparation often proves quite inadequate for the work which is expected of us. We have surely got beyond that kind of training which aims merely to please the doctor. Important as our obligations to the medical profession are, we have many other demands to live up to that are not particularly concerned with medicine at all, but with **health.** We nurses must learn to stand on our own feet in this matter of educational standards and training. Here in Canada it seems to me, there ought to be very little difficulty in establishing good standards, for as a country we have always stood for the support of educational institutions, and our people as a whole are trained to believe in education, as the basis of efficiency in any line of work. I cannot conceive of any organized opposition to nurses' education, such as is sometimes met with in neighboring countries. Canadians are more conservative, and it takes us a little longer to make up our minds as to what is best to be done; but with the excellent type of nursing students that have always been the pride of Canada, and with the assistance of our good educational institutions, there seems no reason why we should not be the first to establish a system of nursing education that will meet all of these new needs, and will compare favorably with professional training anywhere.

Miss Madden took the chair.

Moved by Miss Scott, seconded by Mrs. Fournier, that Miss Carveth, of Goderich, be received into the Society of Superintendents. (Carried.)

Moved by Miss Brent, seconded by Miss Crosby, that a vote of thank be tendered to the following: His Lordship the Bishop of Niagara, Mrs. Crerar His Worship the Mayor, Dr. Glassco, Dr. Langwill, Dr. Davey, the Board of Governors of the Hamilton City Hospital, the Hamilton Health Association, Dr. Holbrook, Miss Mackenzie for her kindness in placing this hall at our disposal, all the Hamilton Nurses for their kindness during the Convention. (Applause.) (Carried.)

Meeting adjourned at 9.45 p.m.

HOSPITAL SOCIAL SERVICE WORK.

By Miss Nora Holman, R. N., Toronto.

In a little book entitled, "Social Service and the Art of Healing," and in various addresses on the social work at the Massachusetts General Hospital in Boston, Dr. Cabot comments on the high specialization in most large hospitals in regard to a patient's physical condition, and he emphasizes in a most illuminating way the lack of interest generally taken in a patient's needs in respect to his industrial and home life. The fact is so often ignored that a man's illness is very often induced by his poverty, his debilitating occupation, and his housing, as well as by his personal habits.

In recent years there has been started in connection with many American hospitals, and a few Canadian ones, a form of social service which is an extension of hospital work and which makes medical treatment more effective. Sometimes it forms a department of the hospital and the expense is shared by hospital and private contributions. Occasionally the training school assumes the administration or some charitable agency undertakes such work in connection with the Out-Patient Department of a hospital.

In the opinion of some of the directors of social service work, a nurse's training and some experience in visiting nursing are of great value to the social worker. In addition, some academic knowledge of social and economic conditions, and a familiarity with the modern methods of organized philanthropy will, if the worker is the "right kind of woman," make her of great service.

The reason work of this kind was begun, was because medical men and women in hospitals, thoughtful and religious people, and the greatly discourged officers of charitable and philanthropic societies realized, as an English writer says, that the many thousands dragged into the morass of destitution yearly, those who are temporarily there, and those trembling on the brink, are brought to such a condition mainly by preventable sickness. They knew that people were not recovering in the true sense, but that poverty and ignorance continually contributed to undermine physical and moral health, and, as Dr. Cabot has graphically stated, physicians were losing sight of the background, i.e., the social and family history, in their intense study of the foreground, i.e., the bodily conditions.

In those hospitals where work of this kind is highly organized, a great variety of service is accomplished. There are classes for cardiac cases, as well as for those with tuberculosis; child welfare work, including infant feeding and the hygienic supervision of children with rachitis and chorea; special work in sex hygiene, which is a profession in itself, and as part of the campaign for the prevention of blindness, some eye and ear infirmaries have installed a social service nurse for "follow up" work in that special field. Then there are the general welfare and convalescent relief departments, friendly visiting, and always a form of service known at the Massachusetts General as "steering," that is, guiding a patient to whatever clinics may be necessary in order that complete physical fitness is restored, and directing him to the right philanthropic agency if he requires advice and assistance. Then if he is a foreigner, visitors of his own race find out his needs, and legal advice is always secured, if such is necessary.

In six months of social service work at the General Hospital, during which time one hundred patients have been referred to the department, no results of a very striking nature have been accomplished and few statistics have been possible, because of the fact that there have been too few of any one type or class to warrant any very definite conclusions being made. The large proportion of English, Scotch and Irish immigrants among the number referred, is, of course, due to the fact that these English-speaking new-comers to Canada make their needs known more readily to those of the same race than do others of the sick poor who by reason of their language are not easily understood.

That there is need for social service in many other cases which do not come to the notice of the Department, is well known, but work of this kind is new and must grow into the work of the hospital slowly, in order to be an efficient part of its service. The growth of the Department through the addition of the new patients has been dependent on the growing interest of the doctors whose co-operation and advice are absolutely necessary where hospital social service is attempted. It is a fortunate circumstance that a comprehension of the meaning of such a service prevails to a large extent at the General Hospital among the medical men.

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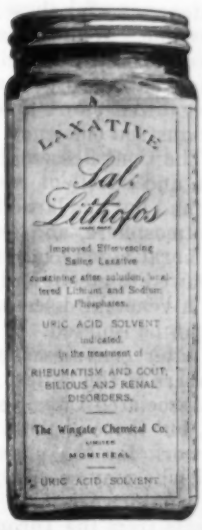

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Hearty co-operation with the Associated Charities has been continuous and much help and advice obtained by the worker. The same is true of the Social Settlements, notably the Evangelia. Their evening clinics and the modified milk station have been of much service.

The Department in its turn has been useful to outside agencies and to individuals interested in patients by getting information, a diagnosis and by co-operating in regard to a patient's special needs when he leaves the hospital. If a patient is sent to the hospital by way of the Social Service Department, the worker may help to insure his rather more prompt admission to the wards or possibly an earlier treatment at the clinic, if he comes to the Out-Patient Department.

While the majority of our patients are referred to the Department by the doctors, some are referred by the head nurses and others still have been accidentally found to need assistance. About one-quarter of the patients were referred as needing institutional care.

In case of insanity, the worker may accompany the patient to the special hospital necessary.

In case of epilepsy, provision has to be made for travelling expenses to Woodstock, and in some cases some one must be found to look after the patient on the trip. Thanks are due to the Salvation Army and the Church of England Deaconesses for assistance in this respect.

While procuring for patients admission to the Hospital for the Incurable has not been difficult, some adequate care for the aged seems to be a necessity, the accommodation for such being most limited.

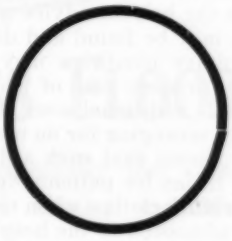
For the feeble-minded, there seems to be no provision. I have in mind a mother who has the care of her little girl of three, a congenital idiot, in addition to two children, one a baby of five months. For the sake of everyone in the household and also of the neighborhood, this child with idiocy should be taken to an institution, but none exists in Toronto. Surely for feeble-minded women the protection of an institution seems a compelling necessity. Other patients requiring temporary institutional care are the convalescents. No man, as far as I know, may receive such care in Toronto. For patients with no money or friends—perhaps in some cases having paid out their last cent for hospital maintenance—for these, the House of Industry and the Victor Inn are all that is possible. While invaluable for the casual tramp, they are not suitable for the convalescent. Social service is an endeavor to prevent a recurrence of disease, but all efforts are unavailing, unless medical care is supplemented by an organized effort to sustain a man physically until he regains some part of his industrial efficiency.

The Convalescent Home offers accommodation to sixteen women, selected cases, and excellent results are obtained. One regrets that normal girls who have had but one lapse from virtue should be debarred from that healthful hill-top atmosphere, and one wonders whether physical vigor can be maintained, and moral vigor ever cultivated in the average detention home, where no girl is allowed to go out and where very little air enters. For the girl who is afflicted with a venereal disease, there is no shelter, no rescue home, in this city where she can be isolated.

After convalescence, comes work, and another difficulty is encountered. Members of the ladies' committee in connection with the Department, and also the Associated Charities, have been useful in suggesting work for the normal man, but there is great need for a labor bureau with a sub-division for supplying work for the physically handicapped,—the man with a badly deformed hand who may so easily become a beggar, and the victim of partial paralysis who would work with his hands, if work were found for him. Of two such patients from the Toronto General Hospital, one is now engaged selling papers from a wheel chair at the waiting room of one of the Island ferries, the other,

"while it is said that 'religion follows the flag' it is also a fact that therapeutic results invariably follow the application of certain accepted remedies.

The primal thought following diagnosis is treatment, and in the selection of a remedy consideration is given to those possesing reliability of therapeutic action and should it be a case presenting inflammatory or congestive involvements, whether deep or superficial, antiphlogistine would, from extensive clinical evidence, seem indicated.



In the treatment of bee stings, insect bites, dermatitis from exposure to the sun rays, sprains etc., so prevalent at this season, antiphlogistine applied thick and hot will afford unmeasurable relief.

The convenience of application of this dressing is a factor. It is supplied in aseptic containers carefully sealed and the contents are fully protected."

also, has been assisted by this Department to become partially self-supporting. We wish that light work could be supplied to those domestic servants, shop girls and laundry workers, who leave the hospital after long and serious illnesses and are not sufficiently restored to take up their former tasks.

In regard to child labor in families known to the worker, there have been four cases of under aged children leaving school and taking up the duties of contributing to the family support. In each case one of the parents died from tuberculosis. The need of income is apparent, but what seems to me just as obvious is the wrong done by allowing children of twelve and a half and thirteen with a family history of tuberculosis to enter industrial life. One solution is a higher wage for the head of the family, because, of course, charity serves as a bounty to the employer, the wage is always depressed under such circumstances, and is kept down to the low level which makes it impossible to do away with those low standards of living which undermine health. If the mother is the wage-earner and working several days a week, her income should be supplemented by some outside agency.

Besides the helpful advice given in the homes of patients, where another sick person may be found and directed to the Out-Patient Department, where some unsanitary condition may be discovered and reported to the Health Department, or some case of need referred to the Associated Charities, there is considerable additional work done in the hospital which cannot be tabulated. It consists in arranging for no unnecessary delay in the filling of a prescription, where it is known that such a delay means a loss in wages to the patient, in finding out trains for patients, telephoning, writing letters, making small purchases, providing clothes when necessary, and occasionally, when patients must be refused admission to the hospital through lack of beds, by trying to secure for them admission to other hospitals, or communicating with visiting nurse associations in order that they may get nursing care when necessary.

In regard to the more intimate work in the hospital wards, there are many occasions when a social service worker may put her nursing knowledge to use. She knows that the regulation and discipline of the ward, and the various tests and treatments used all have as a basis the welfare of the patient, and she has time to serve as an interpreter of such measures, for while the majority of patients willingly agree to rules, a few, nervously irritable and uncomprehending, need special and kindly explanation. This causes a delay, but ensures better results, it awakens intelligence, and induces confidence and respect.

Apropos of education for the sick poor, there are many opportunities in an Out-Patient Department for instruction and information to be given. Signs, pictures, and mottoes would serve, and the long waits could be utilized for simple short talks on industrial hygiene, illustrating the dangers of certain trades and how these dangers may best be minimized, as, for instance, by the use of respirators in dusty trades, and by shields for the eyes in the steel and stone-cutting industries.

The Social Service work of the future will not be limited to the hospital in all probability, but will cover a wider field through the combined efforts of the medical universities and the departments of education, working with the municipal boards of health in a scientific, authoritative, and humane campaign for the conservation of health.

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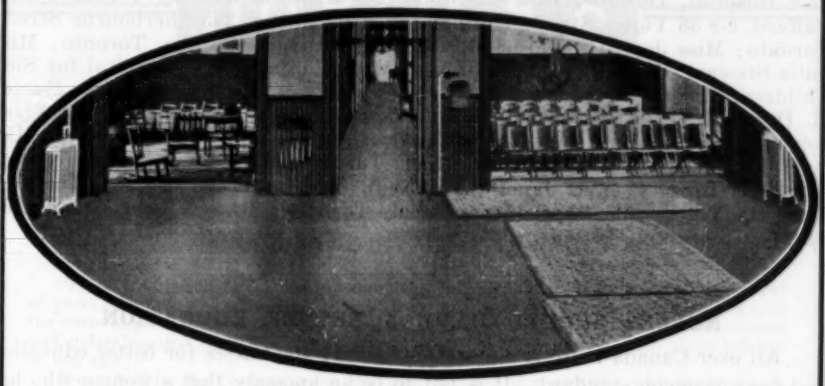

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Enthusiasm gives life to what is invisible, and interest to what has no immediate action on our comfort in this world.—*Mme. de Staël.*

Let us reflect that the highest path is pointed out by the pure ideal of those who look up to us, and who, if we tread less loftily, may never look so high again.—*N. Hawthorne.*

God will not look you over for medals, degrees and diplomas, but for scars. —*Fra Elbertus.*

Where you are is of no moment, but only what you are doing there. It is not the place that ennobles you, but you the place: and this only by doing that which is great and noble.

I shall pass through this world but once. Any good thing that I can do, or any kindness that I can show to any human being, let me do it now. Let me not defer it or neglect it, for I shall not pass this way again.—*Wm. Penn.*

Who learns with method retains with certainty.—*H. Taine.*

No virtue is safe which is not enthusiastic.—*Sir J. Seeley.*

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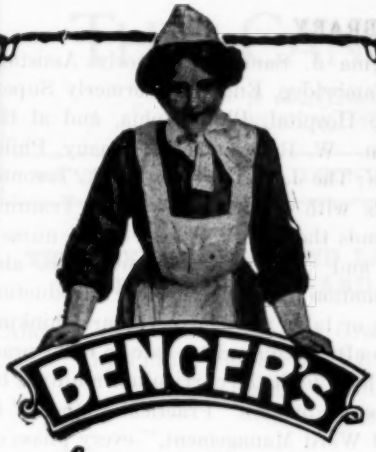

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